



FOR SCOUT CAMPING EVENTS

This form helps our camp staff plan meals and ensure a safe environment for Scouts with food allergies or intolerances. Please complete one form per Scout.

PARTICIPANT DETAILS

EVENT NAME: _____

SCOUT'S NAME: _____

TROOP/PACK/CREW/SHIP #: _____

COUNCIL/DISTRICT: _____

DATES: _____ **TO** _____

PARENT/GUARDIAN NAME: _____

PHONE (PRIMARY): _____

PHONE (ALT): _____

EMAIL: _____

EMERGENCY CONTACT (IF DIFFERENT): _____

PHONE: _____

ALLERGY / INTOLERANCE INFORMATION

Type of Concern (Check all that apply):

☐ **FOOD ALLERGY** ☐ **FOOD INTOLERANCE/SENSITIVITY** ☐ **CELIAC/GLUTEN-FREE**

☐ **OTHER(S):** _____



List ALL Food Allergies/Intolerances:

Allergen or Food	Type	Severity	Reaction

Carries EpiPen? ☐ Yes ☐ No ☐ N/A

If Yes, location: _____

Dietary Accommodations Needed: _____

Cross-Contact Precautions: _____

Other Notes (Optional): _____

PARENT/GUARDIAN ACKNOWLEDGMENT

I certify that the above information is accurate. I understand that camp staff will do their best to accommodate my child's dietary needs but cannot guarantee an allergen-free environment.

Parent/Guardian Signature

Date