

### Summer Camp Special Dietary Needs Form

The Del-Mar-Va Council, Boy Scouts of America, strives to serve its campers nutritious meals which meet or exceed all applicable requirements and standards. The variety of foods available at meals is usually adequate to suit the nutritional needs of most campers. In order to meet the needs of participants who have special dietary requirements due to allergies, food intolerances, or other health issues, as well as those who follow alternate diets for ethical or religious reasons, it is necessary to obtain as much information as possible prior to arrival at camp. Please be as specific as possible regarding the exact nature and severity of any allergy or intolerance. This information is necessary to determine whether the individual can simply avoid eating certain foods, whether we need to assess all ingredients in every food, or whether offending foods can or cannot be stored or served where they may contact the individual or things he or she may eat. Please note that we will make every effort to accommodate special requests. However, due to our open kitchens that handle the major allergens, gluten and other ingredients for the preparation of other menu items, we cannot guarantee that items will be completely “free” of any ingredient. While we make every effort to avoid cross-contact, the potential for cross-contact does still exist. We encourage guests to ask to speak to the Chef or Manager regarding any questions about the ingredients contained in the food being considered. While the Del-Mar-Va Council attempts to provide meals which meet these special needs as much as possible, it is still the responsibility of the individual to avoid those foods which he or she is unable to eat. In some rare cases, it may be necessary for the camper to bring some food items, which can then be prepared by the camp staff.

Camper: \_\_\_\_\_ Unit: \_\_\_\_\_

Dates of attendance at camp: \_\_\_\_\_

Contact Name for Further Information if Needed: \_\_\_\_\_

Relationship to Camper: \_\_\_\_\_ Phone: \_\_\_\_\_

Food Allergies?      **YES**                      **NO**

What are they: \_\_\_\_\_

How severe is the Allergy?      **MODERATE**                      **STRONG**                      **SEVERE**

Other information we may need to know about these allergies?

Other Special Diet?      **Vegetarian**      **Vegan**                      **Diabetic**                      **Other:** \_\_\_\_\_

Signature (Parent/Guardian if form for Scout): \_\_\_\_\_ Date: \_\_\_\_\_

**Please email this form to [hsr@dmvc.org](mailto:hsr@dmvc.org).  
Forms turned during Camp check-in upon arrival will be accepted but provisions may not be available.**