

Food Allergies and Intolerances Form

Allergies and special diets are a common concert of our camp participants. Our food service providers are experienced with accommodating most diets, including food allergies, religious restrictions, and other health-related diets. While we work to meet all dietary requirements, food is prepared in an area with milk, egg, peanut, tree nut, wheat, soy, and fish; and cross contamination can occur.

Upon arrival at camp, and prior to the first meal eaten, it is the participants responsibility to identify themselves to our staff and then cooperate in helping us meet their needs.

Refrigerated spaces are provided for those wishing to bring their own food. NO discount will be provided for individuals

not eating from the provided menu.		
Participant Information		
Participant Name:	Unit #:	Session Attending:
Food Allergies:		
Please describe all Food Allergies that will create dietary	restrictions f	or this participant. Be as specific as possible:
Food Intolerances:		
Please describe all Food Intolerances that will create die	tary restrictio	ns for this participant. Be as specific as possible:
Dietary Needs Questionnaire:		
 What are the participant's preferred food substitutions soy milk)? 	utions, if any	(i.e. soy butter for peanut butter, gluten-free breads,
 What types of contact will cause a reaction? Please Explain: 	Airborne 🔲	Trace Cross Contact
 Does the participant understand the food allergy YesNo Please Explain: 		
 Is there any other information you would like to s 	share to help	us meet this participants needs?
This form should be submitted to	the camp for	our weeks prior to check in.
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The Boy Scouts of America, Montana Council makes evel	•	, ,
reactions for those with food allergies. Every effort is mad allergies. However there is always a risk of contaminatior		
risks. Food production staff will not assume any liability fo	•	

into contact with while eating.

By signing this I am certifying I understand the disclaimers contained in this form and I verify the information provided is correct and true.

Participant/Parent/Guardian Signature:	Date):
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