

DIETARY NEEDS FORM

Winter Camp- Tuscarora Scout Reservation

The purpose of this form is to communicate special dietary needs, food allergies, health reasons, religious reasons, etc. for any child, teen, or adult who will be attending camp. Please complete this form and send it to the Baden-Powell Council (Attention: Winter Camp, Camp Director) no less than 4 weeks prior to your camp session. We will attempt to accommodate your needs from within our resources. This form, which details the food substitution or modification requested, includes an identification of the medical or other special dietary condition which restricts the person's diet, texture changes requested, food or foods to be omitted from the child's diet, and food or choice of foods to be substituted. Food allergies are potentially life threatening, so it is important that parents notify the camp of any food allergy so that they may be accommodated appropriately. We will attempt to accommodate, to the best of our ability any basic food need. However we have limited means and cooking resources. For more severe or restrictive diets, we can have the Scout or Leader bring his own food and we will supply a storage location for the food.

Name: _____ Troop No: _____ Date _____

Check One: Camper (13-18 years old) Staff (18+ years old) Adult Volunteer

In the space below, please list all food allergies or intolerances for the person listed above and any necessary precautions that should be taken:

In the space below, indicate any special diet or dietary restrictions (non-allergy) for the person listed above and food substitutes that may be considered:

Parent/Guardian Name: _____

Signature _____ Date _____

Medical Provider Name: _____ Signature _____

Date _____