



# BOY SCOUTS OF AMERICA®

## FIVE RIVERS COUNCIL

244 West Water Street, Suite 10, Elmira, New York 14901

### Special Needs / Dietary Request Form

Submit by June 25<sup>th</sup> 2023

If you have a need that requires special attention due to medical or religious reasons, fill out this request form and submit to [ian.walruth@gmail.com](mailto:ian.walruth@gmail.com). Please submit the completed form by June 25<sup>th</sup>, 2023. We will do the best to accommodate these needs.

Name: \_\_\_\_\_ Pack/Troop # \_\_\_\_\_ Date: \_\_\_\_\_

Name of event: \_\_\_\_\_ Dates of event: \_\_\_\_\_ to \_\_\_\_\_

Location of Event: \_\_\_\_\_

We ask individuals requiring a very special diet (please use this option only if medically necessary or required by religion) to bring their own food to camp. Camp staff can store and help prepare the food.

I am submitting this form because I or a Scout coming with me (please check all that apply)...

- Needs a CPAP
- Has a special diet (please answer the questions below)
- Has an allergy (please answer the questions below)
- Has a medical condition
- Needs special arrangements (please answer the questions below) i.e. sleeping arrangements, medicine storage, transportation around camp, etc.

**ALLERGIES:**

Please name the allergen (i.e. Peanuts): \_\_\_\_\_

**What is the trigger for a reaction to the allergen, please check all that apply:**

Person has a negative reaction when the allergen is within \_\_\_ feet of the person: \_\_\_\_\_

Person has a negative reaction when they come into physical contact with the allergen: \_\_\_\_\_

Person has a negative reaction only when ingesting or eating the allergen: \_\_\_\_\_

Please tell what reaction happens when the person comes into contact with this allergen: \_\_\_\_\_

**MEDICAL CONDITION:**

Please describe below in as much detail as possible the medical condition and special need. \_\_\_\_\_

**SPECIAL DIETARY NEEDS:**

Please describe dietary requests such as special food storage or vegan diets here. \_\_\_\_\_

**OTHER SPECIAL NEEDS OR REQUESTS:**

Please share other special arrangements or needs here not mentioned previously (please be specific). \_\_\_\_\_