

# 2024 NYLT Food Information

This form augments 'Part B' (Allergies) of the BSA Annual Health and Medical Record and is required for everyone. **Camp being attended: CUTLER - Walmsley Sawyer NYLT July 28 - August 3 2024**

Participant / Staff / Adult Name: \_\_\_\_\_

**FOOD ALLERGIES**     **Check here if NO KNOWN FOOD ALLERGIES**

<b>Food Allergen</b>	Impact when exposed (e.g. hives, swelling, anaphylaxis, Write: Moderate, Strong or Severe, etc.	<b>Treatment</b> if any

**DIETARY NEEDS / RESTRICTIONS (How can we accommodate)**

**Check here if NO FOOD REQUIREMENTS SPECIFIED**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Parent / Guardian or Adult Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## NYLT Administrative Use

NYLT Patrol: _____ Emergency Contact Name: _____ Emergency Contact Phone Number: _____
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