

# 2025 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 20 - July 26 2024**

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

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

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

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

☐ **Check here if NO FOOD REQUIREMENTS SPECIFIED**

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

## NYLT Administrative Use

NYLT Patrol: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_