

2026 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 12 - July 18 2026**

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

Parent / Guardian or Adult Signature: _____ **Date:** _____

NYLT Administrative Use

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