**SUMMER CAMP SPECIAL DIETARY NEEDS FORM**

**HAWK MOUNTAIN SCOUT RESERVATION**

HMSR, strives to serve its campers nutritious meals. Our menus are reviewed and approved by a licensed dietitian. To meet the needs of participants with special dietary requirements due to allergies, food intolerances, or other health issues, as well as those who follow alternate diets for ethical or religious reasons, it is necessary to obtain as much information as possible prior to your arrival at camp.

Please be as specific as possible regarding the exact nature and severity of any allergy or intolerance. This information is necessary to determine how we can properly and best meet these needs. While we attempt to provide meals which meet these special needs as much as possible, it is still the responsibility of the individual to avoid those foods which they are unable to eat. It may often be necessary for the camper to bring special food items, which can then be stored and prepared by the camp staff.

The form below is very important to our Food Service Area. For us to make these adjustments for your Camper/Adult we need to have these forms **2 weeks prior to your arrival.** Please send these forms with a copy of your medical form to michele.bement@scouting.org Forms submitted at check-in will be accepted bur provisions may not be readily available.

If you would like to speak with the Kitchen Director or the Reservation Director, please call 570.754.7552 or email me at michele.bement@scouting.org

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Unit #:\_\_\_\_\_\_\_\_\_\_\_

Dates attending camp: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Name for further information if needed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Camper: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Food Allergies: \_\_\_\_\_Yes \_\_\_\_\_No

What are they? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How severe is the allergy? \_\_\_\_\_Moderate \_\_\_\_\_Strong \_\_\_\_\_Severe

Other information we may need to know about these allergies?

Other Special Diet? \_\_\_\_\_Vegetarian \_\_\_\_\_Vegan \_\_\_\_\_Diabetic Other \_\_\_\_\_\_\_\_\_\_

Background Information on special diet:

Signature (parent/guardian if for a camper):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_