

Aquatic School Dietary Request Form

Camper Information:

- Scout's Name: _____ Age: _____
- Parent/Guardian Name: _____ Contact Number: _____
- Parent/Guardian Email: _____

Allergens: Please check all that apply:

- ☐ Peanuts
- ☐ Tree Nuts
- ☐ Dairy
- ☐ Eggs
- ☐ Wheat/Gluten
- ☐ Soy
- ☐ Fish
- ☐ Shellfish
- ☐ Other (please specify): _____

Dietary Preferences:

- ☐ Vegetarian
- ☐ Vegan
- ☐ Gluten-Free
- ☐ Dairy-Free
- ☐ Nut-Free
- ☐ Kosher
- ☐ Halal
- ☐ Other (please specify): _____

Severity of Allergies/Dietary Restrictions: Please indicate the severity of the allergies or dietary restrictions:

- ☐ Mild (can tolerate small amounts)
- ☐ Moderate (requires avoidance but not life-threatening)
- ☐ Severe (life-threatening, requires strict avoidance)
- ☐ Other (please specify): _____

Additional Details: Please provide any additional information or specific instructions regarding the Scout's dietary needs:

Please return this form to mcfaddenbio@gmail.com at least 2 weeks before Aquatic School.