



Special Needs / Dietary Request Form - Summer Camp Pupukea

Submit by June 3, 2019

If you have a need that requires special attention due to medical or religious reasons, fill out this request form and submit to the Camp Director at Lokahi.Molale@scouting.org. Please submit the completed form by June 1, 2019

Name: _____ Pack/Troop # _____ Date: _____

Session number and dates: _____

We may ask individuals requiring a very special diet (please use this option only if medically necessary or required by religion) to bring their own food to camp. Camp staff can store and help prepare the food.

I am submitting this form because I or a Scout coming with me (please check all that apply)...

- Has a special diet (please answer the questions below)
- Has an allergy (please answer the questions below)
- Has a medical condition
- Needs special arrangements (please answer the questions below) i.e. sleeping arrangements, medicine storage, transportation around camp, etc.

ALLERGIES:

Please name the allergen (i.e. Peanuts): _____

What is the trigger for a reaction to the allergen, please check all that apply:

Person has a negative reaction when the allergen is within ___ feet of the person: _____

Person has a negative reaction when they come into physical contact with the allergen: _____

Person has a negative reaction only when ingesting or eating the allergen: _____

Please tell what reaction happens when the person comes into contact with this allergen: _____

MEDICAL CONDITION:

Please describe below in as much detail as possible the medical condition and special need. _____

SPECIAL DIETARY NEEDS:

Please describe dietary requests such as special food storage or vegan diets here. _____

OTHER SPECIAL NEEDS OR REQUESTS:

Please share other special arrangements or needs here not mentioned previously (please be specific). _____

Camp Management

42 Puiwa Road
Honolulu, Hawaii 96817-1127
808-595-6366
www.alohacouncilbsa.org

Prepared. For Life.™

