

# Greater St. Louis Area Council, BSA

## *Medical Statement for Food Allergies*

Name:		Age:	
Unit Number:	Camp Attending:		
Dates of Camp Attending:		Parent/Guardian Name:	
Phone:		E-mail:	

**Please identify and describe food allergies that require the camper to have a special diet:**

---

---

---

---

### **Food Omitted and Substitutions**

Omitted Foods	Substitutions
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

**I certify that the camper has the food allergies as described above.**

\_\_\_\_\_  
PARENT'S SIGNATURE

\_\_\_\_\_  
DATE

Please fill out and submit this form at least 14 days prior to camp and return to:

Greater St. Louis Area Council Camping Department  
Camping@stlbsa.org  
or 4568 West Pine Blvd., St. Louis, MO 63108

\* Please note: We cannot guarantee that traces of the food you are allergic to are not present in the food you are served.