

# YEAR

## SPECIAL DIETARY NEEDS REQUEST

\*This form needs to be submitted to the council 4 weeks before your scheduled arrival.

Unit Type / Number: \_\_\_\_\_ Council / District: \_\_\_\_\_

Camp Session: 1) \_\_ 2) \_\_ 3) \_\_ 4) \_\_ 5) \_\_ 6) \_\_ 7) \_\_ 8) \_\_ 9) \_\_ 10) \_\_

Campsite (if known):

Request Made For: Youth \_\_\_\_\_ Adult \_\_\_\_\_ Name: \_\_\_\_\_

Adult/Guardian Name: \_\_\_\_\_

Adult/Guardian Phone #: \_\_\_\_\_

Adult/Parent Email: \_\_\_\_\_

Type of Special Dietary Request (medical allergy, preference, religious reasons): \_\_\_\_\_

Gluten Free: \_\_\_\_\_

No Peanut: \_\_\_\_\_

No Soy: \_\_\_\_\_

Lactose Free: \_\_\_\_\_

No Tree Nut: \_\_\_\_\_

No shellfish: \_\_\_\_\_

No Dairy: \_\_\_\_\_

No Egg: \_\_\_\_\_

No fish: \_\_\_\_\_

Vegetarian / Vegan: \_\_\_\_\_

No Pork: \_\_\_\_\_

No Beef: \_\_\_\_\_

Other: \_\_\_\_\_

Specific Details and Explanation of Needs: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please explain the immediate steps that should be taken if this person is accidentally exposed to the food that he or she is not supposed to have?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please return completed forms to: **(Email Address)**

**Our food service staff will be contacting you to confirm the special diet request and exchange information.**

For Office Use Only:

Status: \_\_\_\_\_

Date Received @ Council: \_\_\_\_\_

Copy to Kitchen Manager: \_\_\_\_\_

Date Response Sent: \_\_\_\_\_

Reason: \_\_\_\_\_

\_\_\_\_\_

\*This form was adapted from Camp Arrowhead's allergy protocol and generalized for national usage.