



# DIETARY ACCOMMODATION REQUEST FORM

Please complete all fields on this form.

**CAMP DETAILS:**

(Please select)

Cub Scout Summer Camp    Webelos Summer Camp

Boy Scout Summer Camp @ Camp Tuckahoe    Boy Scout Summer Camp @ Hidden Valley

Camp Week #: \_\_\_\_\_ Dates in Camp: \_\_\_\_\_

**CAMPER'S INFO:**

Pack / Troop #: \_\_\_\_\_ Council: \_\_\_\_\_ District: \_\_\_\_\_  
(Please select)

Camper's Full Name: \_\_\_\_\_

Parent's Name: \_\_\_\_\_  
(If Camper is under 18)

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**DIETARY CONSIDERATIONS:**

Camper has an allergy or other medical condition diagnosed by a physician and is documented on his/her BSA Annual Health Form.

- Gluten
- Dairy
- Egg
- Peanut
- Red Dye
- Vegetarian
- Other: \_\_\_\_\_

How severe is the allergy?     MODERATE     STONG     SEVERE

Camper does not have a medical condition but requests a dietary accommodation.

Please describe \_\_\_\_\_

**PLEASE SPECIFY FOODS TO BE AVOIDED AND SUBSTITUTED.**

(Attach additional sheets as needed.)

Foods to Be Avoided	Recommended Alternatives

### **UPON ARRIVAL AT CAMP:**

The parent, guardian, or adult unit leader must notify camp personnel of the Scout's allergies. The responsible adult should also meet with the camp's health officer. Review the agreed-upon food allergy action plan with camp leadership, the camp health officer, the camp food service director, adult unit leadership, and anyone else the camp director suggests. The review should include specific food allergies, symptoms, typical reaction, and treatment. Including the Scout in this discussion may be beneficial.

All information regarding your Scout's allergy, including directions from the doctor regarding medication, should be given in writing to both the camp staff and adult unit leader.

### **MEDICATION:**

Provide adequate amounts of unexpired medication according to the camp's guidelines. Keep in mind that additional medication may be necessary based on the type of camp and activities planned for the Scout. Review the medication, including the written directions and proper use and location of storage with the camp health officer, camp director, and others as determined by the camp director. Additional information on medications at Scout activities can be found at <http://www.scouting.org/scoutsources/HealthandSafety/ahmr.aspx> and on the Annual Health and Medical Record itself. (<http://www.scouting.org/filestore/HealthSafety/pdf/whole.pdf>). It is important to note that state and local laws may be different and must be complied with.

### **SCOUT RESPONSIBILITIES**

The Scout with food allergies must be prepared for unintentional exposure. The National Institute of Allergies and Infectious Diseases recommends the following precautions:

- Wear a medical alert bracelet.
- Carry (or have available) an auto-injector device containing epinephrine (adrenaline) if possible. Check first with specific camp rules and state/local regulations. This medication may be carried by an adult unit leader or camp leader if the Scout is unable or not permitted to do so.
- Seek help immediately if a suspected or actual reaction occurs, even if an epinephrine injection has been given.

The Association of Camp Nurses and the Food Allergy Research and Education group also recommend that the Scout do the following:

- Limit exposure to food allergens by eating in a separate area away from potential allergens and/or bringing your own food.
- Never trade food with other campers.
- Never eat anything with unknown ingredients.
- Read every available label and check any questionable ingredients with a parent, guardian, or adult unit leader.
- Be proactive in the management of any reaction, and seek help if a reaction is suspected.
- Tell an adult leader if a reaction seems to be starting, even if there are no visible symptoms of an allergic response.
- Do not isolate yourself if symptoms are beginning. Seek adult help.

This form is designed to address religious and allergy concerns. Because of the volume of food we prepare on a daily basis, we cannot accommodate each person based on likes and dislikes. Filling out this form does not in any capacity guarantee that the camp will provide food for a given individual; rather it is to inform kitchen personnel of a participant's situation. Please note: although we make every effort to accommodate all camper's dietary needs, we cannot guarantee we are able to. In some cases, the participant may be required to bring foods to replace a food that they are allergic to. Parents are encouraged to obtain a menu prior to attending camp and/or communicate with the camp cook to discuss any potential issues. Our Food Services Manager will contact you to confirm if we have ability to accommodate your request or explore alternative arrangements.

I understand that the camp may not be able to support our special diet needs and we may need to bring & prepare our own food while at camp.

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Signature of Parent / Legal Guardian

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Date

Please return this completed form by May 15th to:

Fax #: (717) 795-8721 • [Camping@NewBirthOfFreedom.org](mailto:Camping@NewBirthOfFreedom.org)  
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