

Camp Birch

Dietary Restriction Form

Participant Name: _____ Pack No _____ Troop No. _____

Parent/Guardian Name: _____

Phone: _____ Email: _____

Camp: Scouts BSA Cub Day Camp Other: _____
 Wolf Bear Webelos Resident Camp

Camp Dates: _____

Please describe the participant's dietary restriction in detail:

Allergy Type: Ingestion Contact Airborne Other

If other, please explain:

What is the severity of the allergy? i.e. anaphylactic

What are the symptoms experienced by the participant if having a reaction?

Is the allergy controlled by medication? Yes No If yes, what medication:

What is the prescribed dosage of the medication? Does the participant have an epi pen?

What are substitution ideas?

Is here any other information you can provide that would be useful to our food service staff?

*Please turn this form into your unit so that it can be turned into camp at the 10 day out meeting.
If you have any questions, please feel free to contact the Camp Director, DL
Kaufman at Damon.Kaufman@scouting.org.*