



Food Allergy, Vegetarian/Vegan and Religious Dietary Restriction Form

Scout's Name		Troop Number
Dates attending Camp		
Does the scout have a Life Threatening Food Allergy?		
If so, What is it?		
List Foods to Avoid:		
List Foods to substitute:		
Parent's Name Printed:	Parent's Signature:	Date:
Physician's Name:	Physician's Signature	Date:
IMPORTANT: MUST BE TURNED IN AT TEN DAY OUT MEETING TO ENSURE SUBSTITUTIONS CAN BE MADE		

Outbound: _____