



Food Allergy Form

Scout's Name		
Dates Attending Camp		
Does the Scout have a Serious 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		

NOTE: It is the highest priority of the Black Swamp Area Council to provide a safe environment for all of our Scouts. We want to be able to accommodate all Physician approved dietary restrictions and food allergies, however, without a doctor confirming, we cannot accommodate preference, due to the quantity of Scouts we serve.

If there are any other dietary concerns for health or religious reasons, please feel free to inform us.