



DIETARY ACCOMMODATION REQUEST FORM

Please complete all fields on this form.

CAMP DETAILS:

(Please select)

_____ Resident Scouts BSA Camp @ Camp Barton

_____ Resident Cub Scout Camp @ Camp Barton

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 for religious reasons.

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 the camp health officer. The review should include specific food allergies, symptoms, typical reaction, and treatment. Including the Scout n 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 the Camp’s Health Officer.

MEDICATION:

Provide adequate amounts of unexpired medication according to the camp’s guidelines. Review the medication, including the written directions and proper use and location of storage with the Camp Health Officer. 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:

- Never trade food with other campers.
- Never eat anything with unknown ingredients.
- Read every available label and check any questionable ingredients with 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 daily, 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. Scouts are always welcome to bring their own food; there is a place for the food to be stored. Parents are encouraged to obtain a menu prior to attending camp and/or communicate with the camp cook to discuss any potential issues. Again, we will do our best to accommodate dietary needs and restrictions. However substitutions will likely be repetitive and dissimilar to what other campers/scouts are eating.

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.

Signature of Parent / Legal Guardian

Date

Please return this completed form by **June 1st** to:

Camp Director
Camp Barton
9640 Frontenac Rd
Trumansburg, NY 14886