

## FOOD ALLERGIES AND DIETARY RESTRICTIONS

If an individual is allergic to some food products or requires a special diet, suitable food must be purchased and brought by the individual to camp. Package each meal separately and write the person's name and troop number on each package. Upon arrival at camp, give the food to the dining hall staff. There is no fee reduction for individuals who bring their own food. Appropriate substitutions may be arranged for meals served in the dining hall by submitting a this form **by May 1<sup>st</sup>**. Food substitutions should be only for medical or religious reasons.

### Personal Information

\_\_\_\_\_

NameWeekUnit #Campsite

<i>Medical Restriction</i>	<i>Religious Restriction</i>	<i>Food Allergy</i>
<ul style="list-style-type: none"> <li><input type="radio"/> Diabetic</li> <li><input type="radio"/> Lactose Free/ Non-Dairy</li> <li><input type="radio"/> Gluten Free</li> <li><input type="radio"/> Vegetarian</li> <li><input type="radio"/> Other _____</li> </ul>	<ul style="list-style-type: none"> <li><input type="radio"/> Buddhist</li> <li><input type="radio"/> Hindu</li> <li><input type="radio"/> Jewish</li> <li><input type="radio"/> Muslim</li> <li><input type="radio"/> Other _____</li> </ul>	<ul style="list-style-type: none"> <li><input type="radio"/> Milk</li> <li><input type="radio"/> Eggs</li> <li><input type="radio"/> Peanuts/Tee Nuts</li> <li><input type="radio"/> Wheat</li> <li><input type="radio"/> Other _____</li> </ul>

### Special Instructions

---



---



---



---

\_\_\_\_\_

Parent/Guardian Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Unit Leader Signature



East Carolina Council, BSA  
 PO Box 1698  
 Kinston, NC 28503  
 Office: 252-522-1521  
 Fax: 252-522-9707

