



Food Allergy Form

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

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.