

Scouting America

South Texas Council

Special Needs / Dietary Request Form

Submit AT LEAST 2 WEEKS BEFORE START of Camp/Event

If you have a need that requires special attention due to medical or religious reasons, fill out this request form and submit to the Camp Director at Francisco.orozco@scouting.org. Please submit the completed form a minimum of two weeks before the person will be attending camp/event.

Name: _____ Troop: _____ Date: _____

Name of Event: _____ Event Date: _____ to: _____

We ask individuals requiring a very special diet to please only use this option if medically necessary or required by religion.

I am submitting this form because I or a Scout coming with me:
(please check all that apply)

- ☐ Needs a CPAP
- ☐ Has a special diet (please answer the questions below)
- ☐ Has an allergy (please answer the questions below)
- ☐ Has a medical condition
- ☐ Needs special arrangements (please answer the questions below) i.e. sleeping arrangements, medicine storage, transportation around camp, etc.

ALLERGIES:

Please name the allergen (i.e. Peanuts): _____

What is the trigger for a reaction to the allergen, please check all that apply:

Person has a negative reaction when the allergen is within ____ feet of the person: ____

Person has a negative reaction when they come into physical contact with the allergen: ____

Person has a negative reaction only when ingesting or eating the allergen: ____

Please tell what reaction happens when the person comes into contact with this allergen: _____

MEDICAL CONDITION:

Please describe below in as much detail as possible the medical condition and special need. _____

SPECIAL DIETARY NEEDS:

Please describe dietary requests such as special food storage or vegan diets here. _____

OTHER SPECIAL NEEDS OR REQUESTS:

Please share other special arrangements or needs here not mentioned previously (please be specific). _____

Camp Management

