

RAINEY MOUNTAIN SUMMER CAMP

SPECIAL DIETARY NEEDS REQUEST



This form needs to be submitted to the council 4 weeks before your scheduled arrival date.

Unit (Type & Number): _____ Council/District: _____

Week Attending: Week 1 Week 2 Week 3 Week 4
 Week 5 Week 6 Week 7

Request is for: Youth Adult Name: _____

Parent/Guardian Name: _____

Type of Special Dietary Request: Medical Allergy Preference Religious
Other: _____

Please check all that apply:

| | | | |
|---------------------------------------|---|---------------------------------------|-----------------------------------|
| <input type="checkbox"/> Gluten Free | <input type="checkbox"/> No Peanuts | <input type="checkbox"/> No Soy | <input type="checkbox"/> No Dairy |
| <input type="checkbox"/> Lactose Free | <input type="checkbox"/> No Tree Nuts | <input type="checkbox"/> No Shellfish | <input type="checkbox"/> No Eggs |
| <input type="checkbox"/> No Fish | <input type="checkbox"/> Vegetarian/Vegan | <input type="checkbox"/> No Pork | <input type="checkbox"/> No Beef |

Other: _____

Specific Details and Explanation of Needs:

Please detail the immediate steps that should be taken if this person is accidentally exposed to food he or she is not supposed to have:

Please return the completed form to our Food Service Director, Carl Sandberg at carlsandberg28@yahoo.com.

FOR OFFICE USE ONLY

DATE RECEIVED AT COUNCIL OFFICE: _____

COPY TO FOOD SERVICE DIRECTOR: _____

STATUS: _____

REASON: _____

DATE RESPONSE SENT: _____