



## DIETARY ACCOMMODATION REQUEST FORM

Please complete all fields on this form.

**CAMP DETAILS:**

(Please select)

Boy Scout Week

Camp Week #: \_\_\_\_\_ Dates in Camp: \_\_\_\_\_

Trail to Eagle Week    Lifeguard Week    National Youth Leadership Training Week (NYLT)

Cub Overnight Week (COW)    Webelos Overnight Week (WOW)

**CAMPER'S INFO:**

Pack / Troop #: \_\_\_\_\_ Town Where Unit is Located: \_\_\_\_\_  
(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    Vegan    Other: \_\_\_\_\_

How severe is the allergy?    Moderate    Strong    Severe

Camper does not have a medical condition but requests a dietary accommodation.

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 camper's allergies. The responsible adult should also meet with the camp's health officer. Review the agreed-upon food allergy action plan with camp leadership, the camp health officer, the camp food service manager, adult unit leadership, and anyone else the reservation director suggests. The review should include specific food allergies, symptoms, typical reaction, and treatment. Including the camper in this discussion may be beneficial.

All information regarding your camper's allergy, including directions from the doctor regarding medication, should be given in writing to both the camp staff and adult unit leader.

**MEDICATION:**

Provide adequate amounts of unexpired medication according to the camp's guidelines. Keep in mind that additional medication may be necessary based on the type of camp and activities planned for the camper. Review the medication, including the written directions and proper use and location of storage with the camp health officer, camp director, and others as determined by the camp director. Additional information on medications at Scout activities can be found at <http://www.scouting.org/scoutsorce/HealthandSafety/ahmr.aspx> and on the Annual Health and Medical Record itself. (<http://www.scouting.org/filestore/HealthSafety/pdf/whole.pdf>). It is important to note that state and local laws may be different and must be complied with.

**CAMPER RESPONSIBILITIES**

The camper 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 camper 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:

- Limit exposure to food allergens by eating in a separate area away from potential allergens and/or bringing your own food.
- Never trade food with other campers.
- Never eat anything with unknown ingredients.
- Read every available label and check any questionable ingredients with a parent, guardian, or adult unit leader.
- Be proactive in the management of any reaction, and seek help if a reaction is suspected.
- Tell an adult leader or camp staff member 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/camp staff help.

This form is designed to address religious and allergy concerns. Because of the volume of food we prepare on a daily basis, 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. Parents are encouraged to obtain a menu prior to attending camp and/or communicate with the food service manager to discuss any potential issues. Our food services manager will contact you to confirm if we have ability to accommodate your request or explore alternative arrangements.

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.

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Signature of Parent / Legal Guardian

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Date

Please return this completed form to: Email: [rick@campresolute.org](mailto:rick@campresolute.org) Fax: 508-872-6551

Mail before June 30: Knox Trail Council, BSA, 2 Mount Royal Avenue, Suite 100, Marlborough, MA 01752

Mail after June 30: Camp Resolute, 75 Hudson Road, Bolton, MA 01740