

Special Needs/Dietary Request Form

Please submit by June 1st.

If you have a need that requires special attention due to medical or religious reasons, fill out this request form and submit to the Western Colorado Council Service Center at 839 Grand Ave, Grand Junction, CO 81501 or fax to (970) 241-4415 or email sandy.elkins@scouting.org (CC: eleanor.anderson@scouting.org). Please submit the completed form no later than June 1st.

Name: _____ Pack/Troop # _____ Date: _____

Name of event: _____ Dates of event: _____ to _____

Location of Event: _____

We ask individuals requiring a very special diet (please use this option only if medically necessary or required by religion) to bring their own food to camp. Camp staff can store and help prepare the food. 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 Requests

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