

# 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 by fax to (970) 241-4415 or email [eleanor.anderson@scouting.org](mailto:eleanor.anderson@scouting.org). Please submit the completed form no later than June 1st.

Name: \_\_\_\_\_ Pack/Troop # \_\_\_\_\_ Date: \_\_\_\_\_

Week of Camp: \_\_\_\_\_ Phone/E-mail: \_\_\_\_\_

Type of Camp (circle one): SOAR Camp Adventure Camp Cub Scout Camp LDS Week

Please list the Day Trip or Three Day Adventure you are attending: \_\_\_\_\_

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).