

THIS FORM IS DUE 30 DAYS PRIOR TO YOUR ARRIVAL AT CAMP

Special food accommodations may not be available

Email this form to Charlotte.Ashcraft@scouting.org

Or

mail the form to:

Muskingum Valley Council

Attn: Summer Camp

734 Moorehead Avenue

Zanesville, OH 43701

(if mailed, postmark must be 30 days)

Dietary Food Sensitivity/ Allergy Form

This form must be submitted to the Council Office no less than 30 days prior to the first week of Summer Camp otherwise, special food accommodations may not be available.

Scout Name _____

Troop # _____ Week # _____

MVSR will do its best to accommodate some specialized diets and those with food sensitivities or food allergies. In some cases, scouts may need to bring some supplemental foods. MVSR is not designed to accommodate severe life-threatening allergies that are triggered by incidental contact or ingestion of trace amounts of residue allergens.

Dietary

Do you have a sensitivity or allergy to any of the following:

- | | |
|------------------------------------|---|
| <input type="checkbox"/> Dairy | <input type="checkbox"/> Soy |
| <input type="checkbox"/> Gluten | <input type="checkbox"/> Sesame |
| <input type="checkbox"/> Wheat | <input type="checkbox"/> Shellfish/Fish |
| <input type="checkbox"/> Peanut | <input type="checkbox"/> Nightshades |
| <input type="checkbox"/> Eggs | <input type="checkbox"/> Food color/additives |
| <input type="checkbox"/> Tree Nuts | <input type="checkbox"/> Other _____ |
| types _____ | |
| _____ | _____ |

Do you follow a special diet:

- | | |
|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Vegan | <input type="checkbox"/> Diabetic |
| <input type="checkbox"/> Vegetarian | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Kosher | |

Is the special diet you follow, for medical reasons or a lifestyle choice? Please explain:

Do you plan to bring your own food to camp? _____ All food _____ Some food _____

Will you need refrigeration _____ freezer space _____ dry storage _____

Religious Dietary Restrictions

Based on your Religious doctrine, what foods do you not eat? Please include substitutes you regularly eat with brand names, if applicable:

Food	Substitute 1	Substitute 2	Brand Name

I understand MVSR cannot provide me with an entirely allergen free environment and that food substances to which I am allergic may be present, either as food to be eaten by others or in trace amounts on containers or equipment that is used. I understand that it is my responsibility to identify what I am eating during my stay at MVSR, and avoid foods that would harm me.

MVSR staff may call you, if further information is needed.

Best time/day to reach you: _____ Best phone # _____

Who filled out the questionnaire? The applicant Parent/Guardian

Other _____

Applicant Signature

Date

Parent/Guardian Signature (if applicant is under 21 years old)

Date

Email this form to Charlotte.Ashcraft@scouting.org or mail the form to Muskingum Valley Council, 734 Moorehead Avenue, Zanesville, OH 43701 Attn: Summer Camp.