

Serious Allergies & Dietary Restrictions Form

Name of Scout: _____ **Unit #:** _____

Summer Camp Session/Date: _____ **Campsite:** _____

ALLERGIES

Please check all that apply and provide allergen details.

- ☐ My child has an EpiPen which I will be providing.
☐ My child has medication for allergic reaction which I will be providing.

ALLERGEN	REACTION & TREATMENT

DIETARY/FOOD RESTRICTION (Not Allergy Related)

We understand that some families request food restrictions for personal or religious reasons. Please indicate any food restrictions you would like us to honor.

FOODS	DETAILS

Parents Signature: _____ **Date:** _____