

Special Dietary Request Form

Date: _____

Unit Number: _____ Council: _____

Campsite: _____

To cut down on problems we are asking all troops that have boys or adult leaders who require special diets (whether for medical problems or religious reasons) to fill out this request form and turn it in to the Council on or by March 31st (with their final payments).

Name of Camper with special dietary need: _____

Camper's Parent/Guardian: _____

Parent/Guardian Phone Number: _____

Medical Condition/Reason for special diet request: _____

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SPECIAL REQUEST (Example: Low-sodium diet, no pork, etc.)

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This is vital to cut down on confusion and serving problems. Without this information, delays may occur. We will be happy to do whatever is necessary to fulfill the special needs of the individuals. However, please use this option only if medically necessary or required by religion. Thank You.

-Commissary Staff