



Food Allergy/Restriction Form

Troop/Team/Crew/Pack Number _____ State _____ Week of camp _____

Dates of Attendance _____ Unit Contact Name/Phone # _____

Please use one line per restriction type (one scout may need several lines). ***Please return by May 1 to the above address*** so that we can give our kitchen staff adequate time to prepare.

Scout Name	Youth/Adult	Dietary Restriction(s)	Allergy/Preference	Contact #	Contact Name

Attach more sheets if necessary