

Rainey Mountain Summer Camp

SPECIAL DIETARY NEEDS REQUEST

*This form needs to be submitted to the council 4 weeks before your scheduled arrival.

Unit Type/Number: _____ Council / District: _____

Camp Session: 1) ___ 2) ___ 3) ___ 4) ___ 5) ___ 6) ___ 7) ___

Request Made For: Youth ___ Adult ___ Name: _____

Adult/Guardian Name: _____

Adult/Guardian Phone #: _____

Adult/Parent Email: _____

Type of Special Dietary Request (medical allergy, preference, religious reasons): _____

Gluten Free: _____

No Peanuts: _____

No Soy: _____

Lactose Free: _____

No Tree Nuts: _____

No Shellfish: _____

No Dairy: _____

No Eggs: _____

No Fish: _____

Vegetarian / Vegan: _____

No Pork: _____

No Beef: _____

Other: _____

Specific Details and Explanation of Needs: _____

Please explain the immediate steps that should be taken if this person is accidentally exposed to the food that he or she is not supposed to have?

Please return completed form to our Food Service Director: crmcarlsandberg44@yahoo.com

Our food service staff will be contacting you to confirm the special diet request and exchange information.

For Office Use Only:

Status: _____

Date Received @ Council: _____

Reason: _____

Copy to Kitchen Manager: _____

Date Response Sent: _____
