# RAINEY MOUNTAIN SUMMER CAMP

## SPECIAL DIETARY NEEDS REQUEST

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

Unit (Type & Number): _____ Council/District: _____

Week Attending: [ ] Week 1 [ ] Week 2 [ ] Week 3 [ ] Week 4
[ ] Week 5 [ ] Week 6 [ ] Week 7

Request is for: [ ] Youth [ ] Adult Name: _____

Parent/Guardian Name:
_____

Type of Special Dietary Request: [ ] Medical [ ] Allergy [ ] Preference [ ] Religious
Other: _____

Please check all that apply:

| | | | |
|---|---|---|---|
| [ ] Gluten Free | [ ] No Peanuts | [ ] No Soy | [ ] No Dairy |
| [ ] Lactose Free | [ ] No Tree Nuts | [ ] No Shellfish | [ ] No Eggs |
| [ ] No Fish | [ ] Vegetarian/Vegan | [ ] No Pork | [ ] No Beef |

Other: _____

Specific Details and Explanation of Needs:
_____
_____
_____

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

Please return the completed form to our Food Service Director, Carl Sandberg at crmdininghall@yahoo.com.

**FOR OFFICE USE ONLY**

DATE RECEIVED AT COUNCIL OFFICE: _____

COPY TO FOOD SERVICE DIRECTOR: _____

STATUS: _____

REASON: _____

DATE RESPONSE SENT: _____