

CAMP KOOTAGA BUCKSKIN COUNCIL BSA 2829 KANAWHA BLVD. E. CHARLESTON, WV 25311

Camper Special Dietary Restriction Form

PLEASE PRINT ALL INFORMATION CLEARLY - ONE FORM PER INDIVIDUAL

Campers with dietary restrictions are advised to complete this form and return to the Council Office at least 3 weeks prior to the start of your camp week. Campers with certain severe allergies or individuals with multiple types of food allergies may be asked to provide their own substitutions.

Date Attending		Troop / Unit #	
Name:			
Scout or Adult (circle) Troop #			
Name of Parent / Legal Guardi	an		
Phone #	Email:		 _

Allergies and special diets are a common concern of our campers. Our food service providers are experienced with accommodating most diets, including food allergies, religious restrictions, and other health-related diets. We are happy to accommodate any diet for religious, medical or allergy needs; however, this form must be submitted at least three weeks prior to arrival at camp. Please complete and submit this form to Camp Kootaga at least 3 weeks prior to arrival at camp. It is the camp's expectation that by sending your child to camp, you are asserting that they have the necessary knowledge of their diet and can manage their food choices. If your child is attending Camp Kootaga we serve cafeteria style and offer self-serve bars. Camp cannot guarantee your child will not encounter foods he may be allergic to, or to other allergens. If your child has a severe allergy or dietary restriction, contact the Camp Director to discuss if camp is properly equipped to manage your child's needs. While we work to meet all dietary requirements, food is prepared in an area with milk, egg, peanut, tree nut, wheat, soy, and fish, and cross-contamination can occur. Upon arrival at camp, and prior to the first meal eaten, it is the Scout's or Adult's responsibility to identify themselves to our kitchen staff, then cooperate in helping us meet their need(s).

Please identify and describe dietary restrictions on the back of this form





Date Attending	Troop / Unit #		
Name:	youth or adult		
Omitted Foods	Acceptable Substitutions		
arent / Legal Guardian Signature			
Date			