

SEVEN RANGES SCOUT RESERVATION FOOD ALLERGIES AND DIETARY RESTRICTIONS

2011

Submit this form to the Dining Hall Manager, Health & Safety Director or Health Officer 2 weeks prior to arrival or during Medical Check-In on Sunday.

Personal Information

First Name

Last Name

Unit #

Campsite

Medical Restriction

___ Diabetic

___ Lactose Free / Non-Dairy

___ Gluten Free

___ Vegetarian

___ Other: _____

Religious Restriction

___ Buddhist

___ Hindu

___ Jewish

___ Muslim

___ Other: _____

Food Allergy

___ Milk

___ Eggs

___ Peanuts / Tree Nuts

___ Wheat

___ Other: _____

Special Instructions

Appropriate food alternatives are being provided for this individual.

Parent / Guardian Signature

Date

Unit Leader Signature

Below This Line For Kitchen Use Only