

	Youth	Adult	Special Dietary Needs Form					
Na	ıme				_ Troop #	Council		
Week (check one): ☐ July 9–15								
Со	ntact Na	ame		☐ Hom	e		☐ Home	
Pri	imary P	hone		□ Worl	Alt. Phone		□ Work □ Cell	
En	nail (pri	nt clearly) _						
Tre	oop Lea	der						
ev	ery reas	onable effort	t to accommodate	special needs. Be sp	ecific in explaining	ergies. Camp Marin Sierra needs, requirements, or a not like peas or carrots).		
Pr	ocedure	<b>:</b> :						
1.	Submit	Submit this form no later than two weeks before your session at camp. Mail or fax to the address at the bottom of this page.						
2.	Provide your troop with a copy as well. They need to bring this to camp with their medical forms.							
3.	Very important: You must still speak with the head cook or his designee at each meal to make sure you get what you need. Because you file this form does not guarantee you will receive the correct diet unless the cook meets with you face to face. Please understand that we may have between 300–375 or more people in camp, so you will still need to speak with the cook or his designee.							
4.		In the event you believe you have received the incorrect type of food, see the cook immediately. If you eat something to which you are allergic, see the medical officer or have someone radio the medical officer immediately.						
5.	It is the responsibility of those with severe allergies to make sure they <i>always</i> carry the proper medication (e.g., epi pen) with them in case of emergency.							
Sp	ecial Di	etary Need:	<b>s</b> —what you can	and cannot eat or t	type of diet needed	(be specific):		