

Special Needs / Dietary Request Form

Submit AT LEAST 2 WEEKS BEFORE START of Camp/Event

If you have a need that requires special attention due to medical or religious reasons, fill out this request form and submit to the Durham Scout Center at 12401 West Maple Rd, Omaha, NE 68164 or fax to (402) 431-0444 or email 326macscout@bsamail.org . Please submit the completed form a *minimum of two weeks* before the person will be attending camp/event.

Name:	Pack/Troop #	Date:
Name of event:	Dates of event:	to
Location of Event:		
We ask individuals requiring a very special diet (please ເ their own food to camp. Camp staff can store and help pi		ary or required by religion) to bring
I am submitting this form because I or a Scout coming wit Needs a CPAP Has a special diet (please answer the questions belo Has an allergy (please answer the questions belo Has a medical condition Needs special arrangements (please answer the transportation around camp, etc.	pelow) w)	nents, medicine storage,
ALLERGIES: Please name the allergen (i.e. Peanuts):		
What is the trigger for a reaction to the allergen, please of Person has a negative reaction when the allergen is within Person has a negative reaction when they come into physomerise Person has a negative reaction only when ingesting or eat Please tell what reaction happens when the person come	n feet of the person: sical contact with the allergen: sing the allergen:	
MEDICAL CONDITION: Please describe below in as much detail as possible the m	edical condition and special need	
SPECIAL DIETARY NEEDS: Please describe dietary requests such as special food stora	age or vegan diets here	
OTHER SPECIAL NEEDS OR REQUESTS: Please share other special arrangements or needs here no	ot mentioned previously (please be spe	cific).

Camp Management

Durham Scout Center 12401 West Maple Road Omaha, NE 68164 www.mac-bsa.org

Prepared. For Life.™

