

Blue Ridge Council, Scouting America

Camp and Event Dietary Accommodation Form

Use this form to request **necessary** meal accommodations for a youth or adult attending a Blue Ridge Council camp or event. Submit one form per participant. This form supports meal planning and does not replace the Annual Health and Medical Record

Submit by: at least 14 days before camp arrival to
Charlie.Caldwell@scouting.org for summer camp 2026.

Participant Information

Participant name: _____

Youth / Adult / Staff: _____

Unit type and number: _____

Camp or event name: _____

Dates attending: _____

Parent/Guardian or Adult Contact

Primary contact name: _____

Relationship to participant: _____

Cell phone: _____ Email: _____

Emergency contact if different: _____

Emergency phone: _____

Dietary Need

Check one primary reason for this request:

- Food allergy

- Medical diet
- Food intolerance/sensitivity
- Religious diet
- Vegetarian
- Vegan
- Other: _____

List the food(s) or ingredient(s) that must be avoided:

What happens if this food is eaten?

Severity: Mild Moderate Severe / life-threatening

Does the participant require emergency medication for this condition? Yes No

If yes, list medication: _____

Does the participant carry an epinephrine auto-injector (EpiPen)? Yes No

Meal Planning

Foods or substitutions that are usually safe and helpful:

Other notes for the kitchen staff:

Medical Verification (only if medically required)

Complete this section for a medically necessary diet or severe allergy when specific meal modification is required.

Medical condition requiring accommodation: _____

Foods to omit / substitutions needed: _____

Healthcare professional name: _____

Phone: _____ Signature: _____

Date: _____

Parent/Guardian or Adult Participant Acknowledgment

- The information on this form is accurate.
- Relevant allergies and medications are also listed on the participant's Annual Health Medical Record
- Blue Ridge Council will make reasonable efforts to accommodate this request, but some highly restrictive diets may require follow-up or family-provided food.

Signature: _____

Printed name: _____

Date: _____

Council Use Only

Date received: _____

Reviewed by: _____

Accommodation plan confirmed: Yes No

Follow-up needed: _____