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 use this option only if medically necessary or required by religion) to bring their own food to camp. Camp staff can store and help prepare the food.

I am submitting this form because I or a Scout coming with me (please check all that apply)...

☐ Needs a CPAP
☐ Has a special diet (please answer the questions below)
☐ Has an allergy (please answer the questions below)
☐ Has a medical condition
☐ Needs special arrangements (please answer the questions below) i.e. sleeping arrangements, medicine storage, transportation around camp, etc.

ALLERGIES:
Please name the allergen (i.e. Peanuts): __________________________________________________________________________

What is the trigger for a reaction to the allergen, please check all that apply:
Person has a negative reaction when the allergen is within ___ feet of the person: ______
Person has a negative reaction when they come into physical contact with the allergen: ______
Person has a negative reaction only when ingesting or eating the allergen: ______
Please tell what reaction happens when the person comes into contact with this allergen: __________________________________________________________________________

MEDICAL CONDITION:
Please describe below in as much detail as possible the medical condition and special need. ____________________________________________________________

SPECIAL DIETARY NEEDS:
Please describe dietary requests such as special food storage or vegan diets here. ____________________________________________________________

OTHER SPECIAL NEEDS OR REQUESTS:
Please share other special arrangements or needs here not mentioned previously (please be specific). ____________________________________________________________

Camp Management