

D-bar-A Dietary Restriction Notification

We must receive this card 45 days prior to your time at D-bar-A in order to make the necessary substitutions. If this card is not received within the specified time, we cannot guarantee the substitutions. We will do our best to accommodate your needs, but for certain severe allergies or for a person with an allergy to more than 2 types of food, we may ask you to bring your own food. Please bring your own medication (ex. Epipen).

Please fill out **ONE CARD PER INDIVIDUAL** with a dietary restriction. **ALL FIELDS ARE REQUIRED.**

Camp Attending (circle one)

Cub Scout Boy Scout Trail to Eagle Other

Dates Attending: _____

Unit Type: _____ **Unit Number:** _____

Name of person with restriction: _____

Phone # and Email: _____
(of parent if youth or individual if adult)

Restriction type: _____
(i.e. peanut allergy, vegetarian etc.)

Please circle all that apply: If an allergy is it by? Ingestion Contact Airborne
Other _____

Severity of Allergy (i.e. anaphylactic): _____

Is Allergy controlled or treated by medication? _____

If so, will individual have this medication at camp? _____ What is the medication? _____

Symptoms Experienced (i.e. vomiting): _____

Substitution Ideas: _____

Any other information you think would be useful to the food service staff at D-bar-A:

Office Use Only:	Contacted Date: _____	Initials: _____
	Accommodations Made: _____	Brining Own Food: _____

Fax this form to 810-245-2250 or Email form to jerry.deeg@scouting.org