

**OWASIPPE SCOUT RESERVATION
SPECIAL DIET REQUEST FORM
9900 Russell Road, Twin Lake, MI 49457**

PLEASE PRINT ALL INFORMATION CLEARLY

Camp Attending (circle one)

Blackhawk	Wolverine	Webelos	Camp Staff	Other
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Name: _____ Scout or Adult (circle)

Troop # _____ Date Attending _____

Name of Parent / Legal Guardian (if under age 18) _____

Phone # _____ Email: _____

Allergies and special diets are a common concern of our campers. Our food service providers are experienced with accommodating most diets, including food allergies, religious restrictions, and other health-related diets. We are happy to accommodate any diet for religious, medical or allergy needs; however, this form must be submitted **at least three weeks prior to arrival at camp**. Please complete and submit this form to Jara Bauer, Registered Dietitian for Kandle Dining Services at ptac.camping@scouting.org.

While our food service and camp staff work to meet all dietary requirements, food is prepared in an area with milk, egg, peanut, tree nut, wheat, soy, and fish. We have procedures to safely prepare dietary-restricted meals, but cross-contamination can occur. Because eating at camp is cafeteria-style, self-serve bar, and/or in-campsite (at Camp Wolverine), it is the camp's expectation that, by sending your scout to camp, you are asserting that your child has the necessary knowledge of their diet, and can reasonably manage his/her food choices. Camp and food service staff cannot guarantee your child will not come in contact with foods he may be allergic to, or to other allergens. If your child has a severe allergy (such as airborne) or dietary restriction, contact the camp director to discuss if camp is properly equipped to manage your child's needs.

Upon arrival at camp, and prior to the first meal eaten, it is the Scout's or Adult's responsibility to identify themselves to our kitchen staff, then cooperate in helping us meet their need(s).

Please identify and describe dietary restrictions in the space below.	
Omitted Foods	Acceptable Substitutions

Parent / Legal Guardian Signature (if under age 18) _____ **Date** _____

2018 Owasppe Scout Reservation Special Diet Request Form