Marin Sierra 2015

❑ Youth ❑ Adult

# Special Dietary Needs Form

Name _____ Troop # _____ Council _____

Week (check one): ❑ July 5–11 ❑ July 12–18 ❑ July 19–25 ❑ July 26–Aug. 1 ❑ Aug. 2–Aug. 8

Contact Name _____

Primary Phone _____ ❑ Home ❑ Work ❑ Cell Alt. Phone _____ ❑ Home ❑ Work ❑ Cell

Email (print clearly) _____

Troop Leader _____

Use this form to notify the camp of any special *dietary* needs, restrictions, or allergies. Camp Marin Sierra will make every reasonable effort to accommodate special needs. Be specific in explaining needs, requirements, or allergies. Attach additional sheets if necessary. This form is *not* for dietary preferences (viz., does not like peas or carrots).

**Procedure:**

1. Submit this form no later than two weeks before your session at camp. Mail or fax to the address at the bottom of this page.
2. Provide your troop with a copy as well. They need to bring this to camp with their medical forms.
3. *Very important:* You must still speak with the head cook at each meal to make sure you get what you need. Because you file this form does not guarantee you will receive the correct diet unless the cook meets with you face to face. Please understand that we may have between 300–375 or more people in camp, so you will still need to speak with the cook.
4. In the event you believe you have received the incorrect type of food, see the cook immediately. If you eat something to which you are allergic, see the medical officer or have someone radio the medical officer immediately.
5. It is the responsibility of those with severe allergies to make sure they *always* carry the proper medication (e.g., epi pen) with them in case of emergency.

**Special Dietary Needs**—what you can and cannot eat or type of diet needed *(be specific):* _____

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