Simon Kenton Council - SPECIAL DIET REQUEST FORM

Simon Kenton Council, BSA 807 Kinnear Road Columbus, OH 43212

PLEASE PRINT ALL INFORMATION CLEARLY	Y			
Camp attending (circle one) CHIEF LOGAN Date Attending	FALLING ROCK	LAZ	ARUS STEM	
Name:		Scout o	r Adult (circle)	
Troop #				
Name of Parent / Legal Guardian Phone # Em	nail:			
Allergies and special diets are a common conce with accommodating most diets, including food We are happy to accommodate any diet for relig submitted at least three weeks prior to arrival Ashburn at Valorie.Ashburn@Scouting.org, and	ern of our campers. allergies, religious re gious, medical or alle I at camp. Please co	Our food se estrictions, a ergy needs; omplete and	ervice providers are e and other health-relat however, this form m	ed diets. nust be
It is the camp's expectation that by sending necessary knowledge of their diet, and can name of their diet, and can name of their diet, and can name of the serve family style and offer self-serve contact with foods he may be allergic to, or a dietary restriction, contact the camp director child's needs. While we work to meet all dietegg, peanut, tree nut, wheat, soy, and fish, a	manage their food of the serve bars. If your of bars. Camp cannot to other allergens. If cantary requirements,	choices. If thild is atte of guarante If your chi np is prope food is pre	your child is attend nding <u>Falling Rock</u> e your child will not ld has a severe alle erly equipped to man pared in an area wit	ling <u>Chief</u> or <u>Lazarus</u> come in rgy or nage your
Upon arrival at camp, and prior to the first meal themselves to our kitchen staff, then cooperate			•	ntify
Please identify and descri	ibe dietary restric	tions in th	ne space below.	
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Omitted Foods		Accep	table Substitutions	

Parent / Legal Guardian Signature

Date