FOOD ALLERGY AND RELIGIOUS DIETARY INFORMATION Rev. 3/10/2017

The foodservice department at the Minsi Trails Council is committed to ensuring that all participants have the best meals that we could provide. We understand that many people are allergic to foods that we use everyday in our kitchens. Because we are committed to serving you, we are implementing a food allergy and religious dietary need information sheet. A scout should always be reverent, so we are also implementing this form for those participants that must follow dietary guidelines of their religion.

If you have any allergies to food, please complete the form below. This form is very important to the foodservice department. We want everyone to have enough food. In order for you to have adequate food, we need to know if there are any allergies we need to work around. It is also very important for us to know if you have a severe allergy, so that we may ensure that you do not come into contact with that particular food. Please take the time to answer the few questions below. Return the form no later than two weeks prior to your camping week. Mail the form to: Minsi Trails Council, PO Box 20624, Lehigh Valley, PA 18002. Or email to Paul.oswald@scouting.org

This form is designed to address religious and allergy concerns. Because of the volume of food we prepare on a daily basis we cannot accommodate each person based on likes and dislikes. Filling out this form does not in any capacity guarantee that the camp will provide food for a given individual; rather it is to inform kitchen personnel of a participant's situation. Please note although we make every effort to accommodate all campers dietary needs we cannot guarantee we are able too. In some cases the participant may be required to bring foods to replace a food they are allergic too. Parents are encouraged to obtain a menu prior to attending camp and/or communicate with the camp cook to discuss any issues there may be.

Food Service Department -Minsi Trails Council

Please return this form NO LATER than two weeks prior to your visit to our camps.

Participants Name:_____ Troop/Pack:_____

Council:_____ District:_____

Home Contact Info: Name:_____ Phone:_____

Camp Name (circle one) Akelaland Camp Minsi Settlers Camp

Date/Week Attending:_____

Food Allergies: YES NO

What are they?:_____

_____

How severe is the allergy?: **MODERATE STRONG SEVERE**

Suggested food replacements:_____

_____

Any other information that we need to know?_____

_____

Religious Needs: YES NO

What can we do to help?:_____

_____