

Special Needs/Dietary Request Form

Greater Niagara Frontier Council Camps

If you have a need that requires special attention due to medical or religious reasons, fill out this request form and submit to the council service center at 2860 Genesee St. Buffalo, NY 14225 Attn. Sue Gruber or fax to (716) 891-1910 or email to susan.gruber@scouting.org. To better help us serve you please complete a form for each participant with a need and provide as much information as possible. **Please submit the completed form a *minimum of two weeks* before the person will be attending camp.**

Participants Name _____ Pack/Troop # _____

Camp Name (Circle One) Schoellkopf Scouthaven

Dates Attending: _____ to _____

Home Contact Info: Name: _____ Phone: _____

Food Allergies/Dietary Needs: **YES** **NO**

(The summer camp menus will be posted by June 15th at www.wnyscouting.org under camping)

What are they? _____

Suggested food replacements: (We will do our best to make substitutions that meet your needs-Peanut Butter and Jelly offered at every meal)

Religious Needs: **YES** **NO**

What can we do to help?

Electricity Needs (i.e.CPAP Machine): **YES** **NO**

What is the need?

Mobility Needs: **YES** **NO**

What can we do to help?

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