

Food Allergy & Special Dietary Accommodations

If you have any food allergies or special/religious dietary needs, please complete the form below. This form is very important to the foodservice department.

Please return this completed form no later than **two weeks** prior to week at camp. Mail this form to: *Minsi Trails Council, PO Box 20624, Lehigh Valley, PA 18002* or email it to campminsi@minsitrails.org.

Our dining hall staff understands the importance of accommodating special dietary needs. If you have additional questions regarding our food service or your specific dietary needs, please contact the Minsi Trails Council office at 610-264-8551 or email campminsi@minsitrails.org.

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 Please return this form no later than **two weeks** prior to your arrival at camp.

Name: _____ Unit Number: _____

Council: _____ District: _____

Week Attending Camp: _____

Home Contact Person:

Name: _____ Phone Number: _____

Type of dietary restrictions:

Medical Need (Allergy)

Non-Medical (Religious/Lifestyle)

Severity:

Mild/Discomfort

Strong/Concerning

Severe/Life-threatening

Omitted foods:

Please list specific food(s) to be omitted and/or avoided.

Suggested food substitutions:

Please list specific food(s) that may be substituted.

Additional information:

Please provide any other information we need to know.
