

Muskingum Valley Scout Reservation 2016 Food Allergies & Dietary Restrictions

Please submit this form to the council office no later than July 5th to ensure availability of alternative meals.

Youth / Adult circle one

First Name _____ Last Name _____

Phone# _____ Email _____

Medical Restriction	Food Allergy
<ul style="list-style-type: none"><input type="radio"/> Lactose Free<input type="radio"/> Gluten Free/Celiac<input type="radio"/> Vegetarian<input type="radio"/> Other _____	<ul style="list-style-type: none"><input type="radio"/> Milk<input type="radio"/> Eggs<input type="radio"/> Nuts _____<input type="radio"/> Wheat/Gluten<input type="radio"/> Other _____

Special Instructions: _____

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- Appropriate food alternatives will be provided for this individual, parents must provide appropriate snacks for non-meal times.
 - Please contact the Scout Office with any questions, or if there are other specific needs.
 - 740-453-0571
 - Elaine.shoemaker@scouting.org

Signature (Parent if under 18)

Date