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: Brandon Blatz, fax to (716) 891-4008 or email to brandon.blatz@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 __________________________ (Circle One) Pack/Troop # __________

Camp Name (Circle One) Schoellkopf  Scouthaven

Dates Attending: ___________ to ___________

Home Contact Info: Name: ____________________ Phone: ______________________

Food Allergies/Dietary Needs: YES NO

What are they? __________________________________________

Suggested food replacements: (We will do our best to make substitutions that meet your needs)

____________________________________________________________________________________________

___________________________________________________________________________________________

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.