

# 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](mailto: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.***