

2026 SCOUTS BSA SUMMER RESIDENT CAMP

INDIVIDUAL SPECIAL DIETARY NEEDS FORM

Use this form to notify the Marin-Sierra Commissary Staff of any special dietary needs, food allergies or other restrictions.

*Please be specific in explaining special dietary needs, allergic reactions or food preparation requirements. We will make every reasonable effort to accommodate your conditions reported below including vegetarian, vegan, dairy/gluten/nut/soy-free, etc. We do not have the capacity to prepare for special dietary choices such as Keto or Paleo for which you will need to supplement your favorite foods at camp. **This form is NOT for dietary preferences (i.e. doesn't like peas)***

WEEK (check one): ___ #1/June 28–July 4 ___ #2/July 5-11 ___ #3/July 12-18 ___ #4/July 19-25

Youth ___ **Adult** ___ **Troop #** _____ **Council Name (not District)** _____

Individual Name: _____ **Best Phone #** _____

Email Address: _____ **Alternate Phone #** _____

Please print clearly, and indicate an email that is checked frequently.

Troop Representative Name: _____ **Best Phone #** _____

Contact name of individual responsible for all Summer Camp correspondence for your unit.

Email Address: _____ **Alternate Phone #** _____

Please print clearly, and indicate an email that is checked frequently.

Procedure: (must review all steps!)

- 1) **Do not submit this form if you have NO special dietary needs or restrictions.**
- 2) **Submit this form no later than two (2) weeks prior to your arrival at Summer Camp.** Email, Fax or Mail to the address information at the bottom of this page. Your form will be forwarded to the Commissary staff.
- 3) **Provide your Troop leader with a copy to be brought to camp and presented with the medical forms.**
- 4) **You must confirm** with the Special Dietary Needs Cook, Assistant Kitchen Manager or Food Services Director at each meal to make sure you get what you need. We are preparing up to 400 servings for each of 3-meals-a-day; filing this form does not guarantee that you will receive the correct foods unless you meet in-person with those Commissary Staff individuals noted above.
- 5) In the event you believe that you may have received the incorrect type of food, do not hesitate to contact any one of the Commissary Staff individuals noted above in #4. If you ingest something to which you are allergic, please see the Camp Health Officer immediately or have a staff member radio them for emergency response!
- 6) It is the responsibility of those persons with severe allergies to make sure they always carry the proper medication (such as an Epi-pen) with them at all times in case of emergency.

Description: (please be very specific about what you cannot eat, or type of diet needed, or any allergic reactions)

Return by US Mail: Marin-Sierra / 225 West End Avenue / San Rafael, CA 94901 **or Fax:** 415-454-5511

Phone: 415-454-1081

Email: camping@boyscouts-marin.org

Website: www.boyscouts-marin.org