

Dietary Needs, Restrictions, and Preferences Form

Use this form for any dietary needs, restrictions, preferences, or general information the Camp Decorah Staff needs to know about the diet of a Scout



Troop Number	<input type="text"/>	Council	<input type="text"/>	Camp Week	<input type="text"/>
City, State	<input type="text"/>		Form Author	<input type="text"/>	
Scout's Name	<input type="text"/>				

Please provide, in detail, any and all information relating to the special needs, restrictions, or preferences in this Scout's diet. If needed, please attach additional sheets to insure detailed information be available to the Camp Decorah Staff.

RECEIVING STAFF MEMBER:

This form should be presented to the Kitchen Manager as soon as possible upon receiving. All fields below must be recorded.

<i>Date/Time Received:</i>
<i>Receiving Staff Member:</i>

KITCHEN MANAGER:

You are responsible for adhering to these requests for all meals following the receiving of this form to which time allows. All fields below must be recorded.

<i>Date/Time Transferred to Kitchen Manager:</i>
<i>Transferring Staff Member:</i>
<i>Kitchen Manager:</i>

Staff Member Notes Only:

Please Note: This form will be kept on-file with the Kitchen Manager for the remainder of the camping session.