

## Special Needs and Dietary Request NYLT

Submit Special Needs and Dietary request ASAP but at least one month before start of NYLT to make sure we can meet your needs.

If you have a need that requires special attention due to medical or religious reasons, please fill out this form and submit it to the course registrar.

Name: \_\_\_\_\_

Parent Name \_\_\_\_\_ Phone Number \_\_\_\_\_

If you require a special diet (please use this option only if medically necessary or required by religion) it may be necessary for you to bring your own food to camp. Camp staff can store food and depending on the availability of staff, may be able to help prepare the food.

I am submitting this form because I or a Scout coming with me

(please check all that apply)

\_\_\_\_\_ use a CPAP

\_\_\_\_\_ requires a special diet (please answer the questions below)

\_\_\_\_\_ have an allergy (please answer the questions below)

\_\_\_\_\_ have a medical condition

\_\_\_\_\_ I require special arrangements (please answer the questions below) i.e. sleeping arrangements, medicine storage, transportation around camp, etc.

ALLERGIES: Please name Allergens:

\_\_\_\_\_  
\_\_\_\_\_

What triggers your allergic response? Please check all that apply:

\_\_\_\_\_ I have a negative reaction when I am within \_\_\_\_\_ feet of the allergen.

\_\_\_\_\_ I have a negative reaction when I come into physical contact with the allergen

\_\_\_\_\_ I have a negative reaction only when ingesting or eating the allergen.

\_\_\_\_\_ Please tell what reaction happens when you come into contact with the allergen.

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**MEDICAL CONDITION:** Please describe below the medical condition and special need.

(Please provide relevant details):

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**SPECIAL DIETARY NEEDS:** Please describe your dietary request (such as special food storage or vegan diets):

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**OTHER SPECIAL NEEDS OR REQUESTS:** Please share any other special arrangements or needs that are not mentioned above (please be specific):

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**PLEASE LET US KNOW ON THE BACK OF THIS PAGE IS THERE ANYTHING ELSE WE NEED TO KNOW THAT WILL HELP US PROVIDE FOR YOUR NEEDS?**