

**BSA SEA BASE DIETARY NOTIFICATION FORM**

Please Email Form to [natalie.rembisz@scouting.org](mailto:natalie.rembisz@scouting.org)

We must receive this form 14 days prior to your arrival to make the necessary substitutions. THESE ITEMS ARE SUPPLIED BASED UPON AVAILABILITY. We will do our best to accommodate your needs, however for certain severe allergies (especially a person allergic to multiple items) or diet restrictions we may ask you to bring your own trail food. Please fill out ONE (1) FORM PER INDIVIDUAL with a dietary restriction and bring a copy. ALL FIELDS ARE REQUIRED

Conference/Reservation Dates \_\_\_\_\_

Name of person with Restriction \_\_\_\_\_

Email / Phone # (of youth parent/guardian or adult) \_\_\_\_\_

Type of Allergy / Restriction (i.e. peanut allergy, gluten-free, vegetarian, no pork etc.)  
\_\_\_\_\_

If an allergy, it is by? Please select all that apply:

Ingestion

Contact

Airborne

Other \_\_\_\_\_

Severity of Allergy (i.e. anaphylactic, rash) \_\_\_\_\_

Is Allergy/Restriction controlled or treated by Medication? Check one:  YES or  NO

If so, will participant have this Medication on this adventure? Check one:  YES or  NO

What type of Medication? \_\_\_\_\_

List Symptoms Experienced (i.e. vomiting, dizziness) \_\_\_\_\_

Additional information /substitution suggestions useful to Food Service and the Commissary?  
\_\_\_\_\_  
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