SPECIAL DIET REQUEST FORM

NAME OF SCOUT or ADULT LEADER:_____

TROOP/PACK#: _____ **DATES at CAMP:** _____

Loud Thunder Scout Reservation wants to provide the best possible experience for each camper, and we will make a sincere effort to accommodate special dietary needs with our facilities and budgetary constraints. Loud Thunder offers a Regular, Gluten Free, Lactose Free, and Vegetarian Menu, and can attempt to cater to any other medical food allergies. With that said, the primary responsibility of a special diet remains in the hands of the Scout and their parent.

To ensure that we have the best chance to assist with your special needs, please complete this form and submit it to the Illowa Council Service Center prior June 30.

We are confident we can meet most medical dietary needs, but we need your cooperation early in the process to guarantee success. Parents -**PLEASE** ensure your son is instructed to eat the special meal we will prepare for him; we cannot be responsible for his diet if he chooses regular camp meals.

_____ Diabetic _____Gluten Free _____ Lactose Free

_____Vegetarian _____ Other **Medical** Situation

DIET REQUIREMENTS (please be specific):

_____

_____

_____

Thank you for your cooperation in this matter.

Send to (by June 30):

Illowa Council Service Center
4412 N. Brady St.
Davenport, IA 52806
Phone: (563) 388-7233
Fax: (563) 391-4488