Special Needs Request

(For Dietary needs please fax this form to our <u>Dining Hall Director at 706.782.5590 TWO (2) weeks</u>
<u>before your Sunday Arrival at Camp)</u>

Other special needs

(Return this information to the Council Office 1 month before your Sunday Arrival at Camp.)

The Northeast Georgia Council will do everything in its power to accommodate participants with special needs. Special dietary needs must be shared with camp leadership prior to arriving at camp. We will do our best to accommodate most food allergies but cannot be held accountable for the management of these allergies. Severe allergies that require special food items must be provided for your child on the day of arrival at camp. Example: Gluten Free Diets cannot be provided by the food service department due to the severity and complexity of this diet. Parents should feel free to contact us AT CAMP to review the menu and ingredients at least two (2) weeks prior to attending camp to ensure proper management of a camper's special needs. We are able to store food for you in our refrigerator or dry storage area if requested. For Dietary needs please fax this form to our Dining Hall Director at 706.782.5590 TWO (2) weeks before your Sunday Arrival at Camp)

Please complete this form and submit it with your camp payments. Thank you for your assistance.

Hall Director at 706.782.5590 TWO (2) weeks before your Sunday Arrival at Camp)		
Please complete this f	orm and submit it with your camp pa	ayments. Thank you for your assistance.
Unit #: Co	ouncil Name:	Week attending Summer camp
City/State:		
		ndicap that limits mobility? Yes No (please circle) ment needs? (Access to electricity, etc.) Yes No (please circle)
person and offer alte	ernatives for our dining hall manag	getarian, peanut allergy, etc. Please be specific, name of ger. Participants with complex allergies should contact the rival. Phone # 706.782.6617, Fax # 706.782.5590
3. Please list any other	ner special needs below:	