

FLORIDA SEA BASE DIETARY NOTIFICATION FORM

Email FORM to FSB.Galley@scouting.org

S/V _____

We must receive this form **14 days prior to your Adventure 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

Florida Sea Base Adventure Number (i.e. CR010114A) _____

Name of person with Restriction _____

Email / Phone # (of youth parent or adult) _____

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

If an allergy, it is by? Please Circle all that apply: Ingestion Contact Airborne

Other _____ Severity of Allergy (i.e. anaphylactic, rash) _____

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

If so, will participant have this Medication on this adventure? Circle one YES NO

What type of Medication? _____

List Symptoms Experienced (i.e. vomiting, dizziness) _____

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

For office use, only!

ADV#: _____

Scout Name _____

S/V _____

ALLERGY / RESTRICTION _____

PROVISIONS MADE: Y OR N BY WHOM? _____ DATE _____