



Ohio River Valley Council 619, BSA  
Fort Steuben Scout Reservation  
Special Needs / Dietary Request Form

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If you have a need that requires special attention due to medical or religious reasons, please fill out this request form and submit it to the Ohio River Valley Council Service Center at PO Box 6186, Wheeling WV 26003 or to the Camp Director at ccoates@westliberty.edu. Please submit the completed form a minimum of two weeks before the person will be attending camp.

Name \_\_\_\_\_ Troop/Pack# \_\_\_\_\_ Date \_\_\_\_\_

Camp Session:    B.S.A. Week    1    2    3    Cub Scout Resident Camp    Fire Explorer Academy

We ask individuals who require a very strict, special diet for medical or religious needs to bring their own food to camp. Camp staff can help store and prepare the food.

I am submitting this form because I or a Scout coming with me (please check all that apply)...

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

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

\_\_\_\_\_ Has a medical condition

\_\_\_\_\_ Needs special arrangements (please answer the questions below) i.e. sleeping arrangements, medicine storage, etc.)

\_\_\_\_\_ Requires a CPAP

Please list any allergies. (Peanuts, etc.)

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Please describe any medical condition or special need that we will need to prepare accommodations for.

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Please describe any special dietary needs or requests such as special food storage or vegan diets here.

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Please describe any other special arrangements or needs not mentioned previously in the space provided below.

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