

Allegheny Highlands Council

NYLT 2022

Allergies & Special Needs Request

Submit Special Needs and Dietary request ASAP but at least one month before start of NYLT to make sure we can meet your needs.

If you have a need that requires special attention due to medical or religious reasons, please fill out this form and submit it to the course Course Director:

Ted Isaacs, CD / SM.
edwardisaacs@icloud.com

Name: _____

Parent Name _____

Phone Number _____

have an allergy (please answer the questions below)

have a medical condition Y / N.

I require special arrangements (please answer the questions below) i.e., sleeping arrangements, medicine storage, transportation around camp, etc.

ALLERGIES: Please name Allergens:

What triggers your allergic response?

I have a negative reaction when I am within feet of the allergen.

I have a negative reaction when I come into physical contact with the allergen,

Please tell what reaction happens when you come into contact with the allergen.

MEDICAL CONDITION: Please describe below the medical condition and special need. (Please provide relevant details):

SPECIAL DIETARY NEEDS: Please describe your dietary request (such as special food storage or vegan diets):
