

FOOD ALLERGY FORM – 2024

Scout's Name: _____

1. Does your daughter have any food allergies? Yes ☐ (complete table below)
No ☐ (Answer question #2)

FOODS		
Food	Reaction	Treatment

2. Does your daughter have special dietary needs? Yes ☐ (fill in section below)
No ☐ (turn in form as marked)

--

Please complete and return at the
General Meeting on January 13, 2024