Special Needs Form

Use this form to notify the Grand Teton Council and appropriate staff members of any special needs you or a member of your unit may have while staying at one of our Scout camps. The Grand Teton Council will make every reasonable effort to accommodate special needs. Please keep in mind, however, it is the responsibility of the parents and/or adults attending to make sure each individual with special needs has everything they need during their time at Scout camp. Also be aware Scout camp staff may contact you as questions arise.

Please be as specific as possible in explaining special needs for the individual listed on this form. Use additional sheets if necessary. Only one individual per Special Needs Form, please. You can submit this form to the nearest Grand Teton Council Scout Office. All Special Needs Forms should be submitted at least 30 days prior to the individual’s stay at camp. An electronic version of this form is available at www.tetonscouts.org.

Individual needing accommodation: ____________________________ Circle one: Youth  Adult

Which camp will the individual attend? ___ Little Lemhi  ___ Island Park  ___ Treasure Mountain
___ Salmon  ___ Scout Hollow  ___ Portneuf Springs

Event: ___ Scout Camp  ___ Wood Badge  ___ Cedar Badge  ___ Other: ________________________________

Dates at camp: ___________________________ Unit: _________ District ___________________________

Contact Person: ___________________________ Phone: _______________ Email: _______________________

Please check the special accommodations or needs that apply:

___ CPAP Machine  ___ Mobility  ___ Dietary  ___ Allergies  ___ Asthma  ___ Other_____________________

For special dietary needs and food allergies, please check all that apply:

___ Diabetic  ___ Gluten Intolerant  ___ Lactose Intolerant  ___ Peanut Allergy  ___ Tree Nut Allergy
___ Other: __________________________________________________________

For allergies and intolerances, how severe is the individual’s allergy or intolerance?

___ Extremely severe (cannot have it anywhere in campsite)

___ Moderate (can have it in campsite, as long as not ingested by individual listed on this form)

___ Mild (individual listed on this form can eat it in small quantities with no trouble)

Other pertinent information regarding this concern: __________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________
Special dietary needs:

Special dietary needs, in this instance, refer to a staff member or participant who may need to adjust their diet due to food allergies and/or intolerances. This does not refer to picky eaters, but to those who may experience physical, medically-diagnosible symptoms such as illness or an allergic reaction when they inhale or ingest certain types of food.

Food services in each of our camps generally work from a specific menu. It is council policy that modifications and substitutions to the menu can be made within reason. However, for major departures from the menu, individuals will want to consider bringing supplemental food of their own, to ensure they can eat comfortably while away from home.

Wheelchair/Limited Mobility Access:

Each camp has at least one campsite which provides easier wheelchair access to tents, outhouses, and other campsite features. Please submit this Special Needs Form as soon as possible so that the camp you will be visiting can place the unit or group in an appropriate campsite. Note: our camps are located in the wonderful outdoors -- off-road wheelchairs will make trail navigation much easier.

CPAP Machines:

For participants with CPAP machines, please be aware our campsites have no electrical power, and sleeping facilities are not available in building areas at most camps. To prepare for this need at camp, we recommend one of two options:

1. If you do a lot of camping or traveling, you might want to consider purchasing a battery-powered CPAP machine, such as the Puritan Bennett 420G. Visit www.cpap.com for more information. If you need to charge the CPAP battery during daytime hours, please contact the camp director or program director and they can assist you with locating an outlet for charging purposes.

2. Those who use a machine that requires 120v AC power (household current) can bring an inverter and an automobile battery. This is a proven method that has worked for many campers in recent years. Camps can provide an outlet for recharging the automobile battery during daytime hours. Please note, vehicles cannot be parked in or near campsites in order to provide electricity for CPAP machines.

Injections:

Camp staff are not authorized to administer injections. Participants who require injections should administer their own injections or be accompanied by an adult trained and authorized to administer injections to that participant.