

Allergy Fact Sheet

Scout's Name _____ Pack/Troop # _____

Hometown _____ Event Date _____

Parent Name _____ Phone Number _____

ALLERGY: _____

Exposure Level: What is tolerable? _____

Reaction if exposed: _____

Foods that cause reaction: _____

Foods that are acceptable: _____

Treatment from exposure: _____

Will you be providing and preparing your own menu replacements for food allergies:
