Special Needs Request Form

Soaring Eagle District strives to accommodate all Cub Scouts at day camp. We need your help to make sure each boy has a safe and fun time at camp; please take a minute and tell us if there are any special circumstances that we need to know to ensure your son's safety at camp ex: allergies, physical or medical restrictions, social anxiety, short attention, wanders, or anything that might help us in placing your son.

Please note: Soaring Eagle District does not honor requests to be with specific friends/leaders.

☐ My son has no special needs for day camp; he can participate in all activities safely without modification.

☐ My son may require some modification to the program

Explain:

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I certify the above information is true and accurate.

Parent Signature: _____ Date: _____

Paper copies of participants' Special Needs & Medical Records are kept in a secured confidential file for quick access in an emergency. Special needs information will be used on a need to know basis. Special Needs & Medical Records will be destroyed at the conclusion of Day Camp.