



Fire Mountain Boy Scout Camp

Mount Baker Council

Special Needs Form

Please supply information on any medical, physical or dietary needs members of your unit may have during your stay at camp. We will do our best to accommodate requests whenever possible. There is no electricity in the campsites for CPAP machines; bring a battery and charger.

Provide a separate form for each individual.

Scout/Adult in need: _____

Unit: _____ Council: _____ Dates at camp: _____

Parent/contact name: _____

Phone: _____ h/w/c Alt. phone: _____ h/w/c

Email: _____

DESCRIPTION OF SPECIAL NEED(S): (Please specify any allergies vs. sensitivities. All allergies should be clearly noted on the participant's medical form along with the food allergy action plan developed by their physician.)

Please submit all special needs forms no later than June 15.

Mail to: **Mount Baker Council, BSA**
1715 100th PI SE, #B
Everett, WA 98208

Fax: **(425) 338-3477**