

Dietary Needs, Allergies & Intolerances (require 7 days notice)

Name Age (if under 18)

Group you are attending with Date Attending

If not full time which meals are you attending?

Vegetarian Type Vegan or Ovo – Lacto (dairy & egg OK) Fish Y/N Chicken Y/N

Gluten intolerance

Lactose intolerance. Dairy cooked into food? Y/N

Food preservatives intolerance. Code numbers?

Food colours intolerance. Code numbers?

Nut allergy – specify type

Other food allergy – eg egg, seafood, soy, tomatoes etc

How severe is your allergy/intolerance ie can traces of this food be eaten?

What are your symptoms?

Anaphylaxis

Please ensure an epi- pen is provided

List triggers/allergens

If you have an action plan please provide a current copy. If able a photo would be useful.

Emergency contact details.

Name **Phone** **Mobile**