

Winmalee Christian Conference Centre

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

Name..... Age (if under 18)

Group you are attending with.....

Arrival Date..... Departure Date.....

If not full time which meals are you attending?.....

Vegetarian Type Vegan Ovo-Lacto (dairy & egg OK) Fish Yes/No.....Chicken Yes/No.....

Gluten intolerance Traces OK? Yes/No.....

Lactose/dairy intolerance. Dairy cooked into food? Yes/No.....

Food preservatives intolerance. Code numbers?

Food colours intolerance. Code numbers?.....

Can traces of nuts be eaten? Yes/No.....

Nut allergy – specify type..... Note if you say NO products such as Coco Pops will not be served to you

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

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

What are your symptoms?.....

Name of person who filled in this form.....

I verify that I have the authority to give Winmalee Christian Conference Centre this information.

I also verify that this information is correct. Note Winmalee Christian Conference Centre will endeavour to provide meals according to the information given & will not vary from that information unless change is signed by an authorised person. Note it is still the organiser's responsibility to ensure that the person in need of this diet is identified to us at each meal & ensures that no unauthorised food is eaten.

Signature.....

Contact Details (Just in case we need clarification).....

Information for Anaphylaxis Only

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