

## 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

Gluten intolerance Traces OK

Lactose/dairy intolerance. Dairy cooked into food?

Food preservatives intolerance. Code numbers?

Food colours intolerance. Code numbers?

Nut allergy – specify type Can traces of nuts be eaten?

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

By checking this box 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.

Contact Details (Just in case we need clarification)

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### **Information for Anaphylaxis Only**

#### **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.**

<b>Name</b>	<b>Phone</b>	<b>Mobile</b>
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