Winmalee Christian Conference Centre

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

Note: This is for allergies & intolerances only. We don't cater for preferences. Religious reasons are an exception. Name..... Age (if under 18) Group you are attending with..... If not full time which meals are you attending?..... Vegetarian Vegan 🗖 Vegetarian Ovo-Lacto (dairy & egg OK) Do you eat Chicken or Fish?..... No Beef \square No Pork or Pork products \square Gluten Intolerance (traces OK) \square Coeliac Disease/ Gluten Intolerance (no traces) \square Lactose Intolerance (cooked in OK) Lactose Intolerance (no traces) Nut Allergy (may contain traces OK)

Specify...... Nut Allergy (no traces)

Specify...... Seafood Allergy

Specify...... Food Preservatives intolerance
Must specify code numbers...... Food Colour intolerance Must specify code numbers...... Other food allergies

Specify..... Name of person filling out this form, Signature & contact details required on next page to be accepted. **Information for Anaphylaxis Only** Please ensure an epi- pen is provided. List triggers/allergens. Note an Action Plan must be attached. **Emergency contact details.** Name **Phone** Mobile

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.

Name of person who filled in this form
Signature
Contact Details (Just in case we need clarification)