



THE FRANCIS RETREAT

SPECIAL DIETS FORM

Use this form only if you have a strict dietary requirement that is essential to your health and well-being (e.g. food allergy). Do not use for likes and dislikes of foods.

Please complete and return to your Group Leader.

FIRST NAME

SURNAME

Dietary Requirements (tick as required)

☐

Coeliac (Gluten Free)

☐

Coeliac / Lactose intolerant

☐

Lactose intolerant

☐

Vegetarian

Allergies (tick all that apply)

☐

Nuts

☐

Eggs

☐

Shellfish/Seafood

☐

SEVERE ANAPHYLACTIC REACTION

Other specific allergies or dietary requirements