



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