



DIETARY REQUIRMENTS

COMPLEX / SEVERE ALLERGY / ANAPHYLAXIS

GUEST DETAILS

Full Name Age

Group Stay Dates

CONTACT DETAILS (Parent/Guardian details for guests under 18 years of age)

Full Name Relationship

Email

Phone 1 Phone 2

DIETARY REQUIRMENTS

Description

.....

.....

Tick and complete All

- That apply My diet is a complex combination with No allergy or anaphylaxis concerns
- I (the guest) am at risk of a SEVERE ALLERGIC REACTION when:
- I (the guest) am at risk of a ANAPHYLACTIC REACTION when:
- I have attached a copy of my ANAPHYLACTIC MANAGEMENT PLAN
- I cannot tolerate traces of the following ingredients:

I agree that I have read and understood the Dietary Requirements Service Policy for Ridgecrest Christian Education and Convention Centre, made available to me via the Group Coordinator for our booking, and on the Ridgecrest website.

Name..... Signature Date.....

MENU PLANNING (Ridgecrest use)		
<input type="checkbox"/> Cater all meals	<input type="checkbox"/> Cater main meals only	<input type="checkbox"/> Assist guest in providing own food