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|  | **Dietary Requirements Form**  |

**School:** <<<<<click here to enter your school’s name>>>> **Phone:** Click here to insert a phone number.

Please indicate below details of any special dietary needs, food allergies, or intolerances e.g.

* lactose or gluten intolerant
* allergic to peanuts
* vegetarian
* celiac disease
* no beef on religious grounds.

**Don’t include food preferences, likes or dislikes.**

* Please be specific and include as much detail as possible.
* For example, if they are a vegetarian, is it all animal products (vegan) or can they have fish, eggs, milk etc.
* If there are multiple issues or a complex one, it may be best that they bring the food items from home, and an appropriate adjustment in meal costs will be made.

We require this information **2 Weeks** prior to the program.

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| **Name** | **Issue** | **Details** | **Bringing Own Food** |
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