School/Group:_____ From: _____ ___/___/___ To: _____ ___/___/___ Total No. Catered_____

Special Dietary Requirements

Please inform us of any special ***medical***, ***cultural*** or ***ethical*** dietary requirements of your group: eg Diabetic, Vegetarian, Vegan, Lactose intolerant, Allergic to nuts, seafood etc.

For serious intolerances we recommend that remedial medication be on hand, and suggest that alternate food be brought as a back up.

Please return this form no later than one week prior to arrival to allow time for food ordering.

Name:	Adult/Child:	Intolerances:	Severity	Substitutes:	Details: