

## INDIVIDUAL DIETARY SUMMARY

Please summarise your child's/your key dietary requirements below. Please note that whilst all reasonable care and communication in relation to the production of safe meals will be undertaken, our kitchen and products from our kitchen are not guaranteed to be 100% allergy free. CYC reserves the right to choose which meals it will prepare. All guests eat at their own risk..

GROUP NAME \_\_\_\_\_ ARRIVAL DATE \_\_\_\_\_

GUEST'S NAME \_\_\_\_\_ GENDER MALE/FEMALE AGE \_\_\_\_\_

PARENT/CAREGIVER'S NAME \_\_\_\_\_ CONTACT PHONE \_\_\_\_\_  
If guest is under 18

Please complete as accurately as possibly

DOES YOUR CHILD/DO YOU HAVE ANY DIETARY REQUIREMENTS?  NO  YES (If yes, please complete the section below)

Are your child's/your dietary requirements:

- Critical (life threatening)
- Serious (non-life threatening but medically relevant)
- Lifestyle choice

My child/I has/have an allergy/intolerance to (please tick ALL relevant boxes):

<input type="checkbox"/> <b>GLUTEN</b> <input type="checkbox"/> Barley <input type="checkbox"/> Rye <input type="checkbox"/> Oats <input type="checkbox"/> Wheat  <input type="checkbox"/> <b>SUGAR</b> <input type="checkbox"/> Fructose <input type="checkbox"/> Sugar substitutes	<input type="checkbox"/> <b>DAIRY</b> <input type="checkbox"/> Lactose <input type="checkbox"/> Milk Solids <input type="checkbox"/> Whey/powder <input type="checkbox"/> Casein/ate	<input type="checkbox"/> <b>MEATS</b> <input type="checkbox"/> Beef <input type="checkbox"/> Lamb <input type="checkbox"/> Chicken <input type="checkbox"/> Pork	<input type="checkbox"/> <b>SALICYLATES</b> <input type="checkbox"/> Tomatoes <input type="checkbox"/> Onions <input type="checkbox"/> Capsicum <input type="checkbox"/> Oranges <input type="checkbox"/> Berries <input type="checkbox"/> Spices <input type="checkbox"/> Other	<input type="checkbox"/> <b>NUTS</b> <input type="checkbox"/> Peanuts <input type="checkbox"/> Treenuts	<input type="checkbox"/> <b>EGG</b> <input type="checkbox"/> Whole egg <input type="checkbox"/> In baking	<input type="checkbox"/> <b>Fish</b> <input type="checkbox"/> Shellfish <input type="checkbox"/> Soy	<input type="checkbox"/> <b>MISCELLANEOUS</b> <input type="checkbox"/> Garlic <input type="checkbox"/> Rice <input type="checkbox"/> Corn <input type="checkbox"/> Fat
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Are products labelled "may contain traces of..." acceptable for your child/you?  Yes  No

OTHER (please specify)

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**FOR GROUP LEADER USE ONLY**

All individual dietary requests are to be summarised on the GROUP DIETARY SUMMARY form and submitted to CYC no later than 14 days prior to your stay.

