

This form is to be completed by guests who have special / medical dietary needs.

Please note this isn't for food likes or dislikes

This form must be returned to Kiah Ridge Management at least 7 days prior to your stay.

Name: _____ Age: _____

Group: _____

Date of camp / retreat: ___/___/___ - ___/___/___

Phone Contact No: _____ (only to be used if more information is required)

Please provide us with as much details as possible to help us cater for your needs.

What are your special diet needs? (please tick)

Diabetic

Vegetarian

no red meat

no meat / meat products at all:

or please specify: _____

Vegan

Gluten Free / Coeliac

Wheat Free

Nut Allergy

all nuts

please specify nut type: _____

Dairy / Lactose Free

OK in cooking: Y/N

Alternative Milk required: Soy / Rice / Almond / Lactose Free

Egg Allergy

OK in cooking: Y/N

Fish / Seafood / Shellfish

Food Preservatives Intolerance: *Please provide code number(s):* _____

Food Colours Intolerance: *Please provide code number(s):* _____

Other Allergies / Requirements: _____

Level of severity: mild serious potentially fatal (*if anaphylaxis, please ensure you provide an epi-pen*)

If you are on a **very restricted diet ONLY**, please provide a guideline as to the type of food you normally eat:

(This information will be used as a guide to preparing your menu)

Breakfast: _____

Morning tea: _____

Lunch: _____

Afternoon tea: _____

Dinner: _____

Dessert: _____

Supper: _____

When you arrive at Kiah Ridge, please make yourself know to the Management & Kitchen Staff, Thank you.

If you have any concerns regarding your dietary requirements, please don't hesitate to call on Ph: 02 4683 1111.

Once you have completed this form:

School groups – please return form to your teacher, and fax to Kiah Ridge ASAP on Fx: 02 4683 1122.

Other Groups – please arrange for this form to be faxed to Kiah Ridge on Fx: 02 4683 1122

or posted to PO Box 43, Tahmoor NSW 2573