

## MEDICAL & DIETARY REQUIREMENTS

To be completed by all applicants. Only diets that are related to a medical condition

### Applicants Details

Title..... First Name..... Family Name.....

Phone No. .... Mobile No.....

Address .....

Post Code ..... E Mail Address.....

### Emergency Contact

Title..... First Name..... Family Name.....

Phone No. .... Mobile No.....

Address .....

### Medical Conditions

Do you suffer from any of the following? Please tick if applicable.

Skin Conditions .....Diabetes.....Allergic to any medications.....

Disability or Chronic Illness.....Asthma.....Other.....

Epilepsy, Fits, Blackouts .....Allergies.....Epi Pen.....

If yes to one or more please give details.....

### Special Dietary Needs (Please Circle if applicable..... otherwise ignore)

Vegetarian: Does not eat meat, poultry, game, fish, shellfish or by-products of slaughter

Does eat dairy products, honey and eggs

Vegan: Does not eat any meat, poultry, game, fish, shellfish, dairy products, honey, eggs or by products of slaughter

No Red Meat: Does not eat red meat or any red meat products. Can eat chicken, pork & fish

No Pork: Does not eat pork or pork products

Pescatarian: Does not eat any meat or meat products. Eats only fish

Gluten Free: Does not eat gluten in large quantities and avoids where possible

Dairy Free: Does not eat dairy in large quantities and avoids where possible

Mild Intolerance: Does not eat a named food or food product in large quantities & avoids if possible

Please specify intolerance: .....

### Please specify if your dietary need is:

Complex: A combination of multiple dietary needs

Severe Allergy: Does not eat a named food, food product and traces of that food product (inc.Coeliacs)

Anaphylaxis: Does not eat a food/product and a management plan has been established