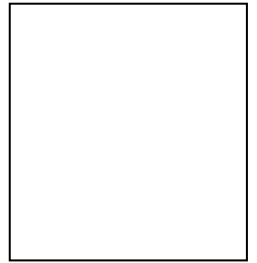


Dietary requirements or food allergies Form



If your child requires a special diet or has a food allergy please fill in the following form and return it to The Cabin Crew.

Child's name _____

Date of Birth _____

Address _____

Contact daytime telephone number _____

Please give a brief description of your Childs dietary requirement or food allergy.

Please tell us what would happen if an unsuitable food is consumed by accident (please tick the relevant box):

Life threatening

☐

Severe impact

☐

Mild to moderate reaction

☐

Unknown but not life threatening

☐

Please describe any symptoms to look out for _____

What medication or follow up is required if the food is consumed accidentally

Please provide clear details of the substances or ingredients that need to be avoided

If some foods containing the offending substance **can** be included in the diet, please say what these foods are

Signature _____

Date _____

Please make sure you inform The Cabin Crew of any changes to the diet