

PLUM PARK MANOR DIETARY REQUIREMENT FORM

- This form must be printed, completed & signed **ONLY** by the guest with a registered dietary requirement (electronic signatures cannot be accepted)
- Once completed, this form must be returned to the **EVENT ORGANIZER** no later than **2 WEEKS BEFORE** the event.
- Please note that although we will prepare an alternative meal for you free from the allergens notified by you on this form, our kitchens are used to prepare meals containing some, or all of the allergens. We can therefore only guarantee that your specific meal will be prepared with ingredients that are free from such allergens. If you have concerns about your meal being cooked in a kitchen, and with utensils that will have previously handled a particular allergen, then please contact us to discuss your case.
- Please note that we cannot be held liable for any reaction you may have as a result of eating or coming into contact with anything that has not been marked by us as being free from your notified allergen.

Event Organiser Name		Date of Event	
Guest Name (first & last)		Guest Mobile	
Email Address			
Parent's Name (if guest under 16)			
Type of guest? <i>Please tick the appropriate box (only 1)</i>			
Day	Evening	Day & Evening	
Menu type? <i>Please tick the appropriate box (only 1)</i>			
Meat Eater	Vegetarian	Vegan	
Allergen food group? <i>Please tick the appropriate box(es)</i>			
Celery	Lupin	Peanuts	
Cereals containing gluten	Milk	Sesame	
Crustaceans	Molluscs	Soybeans	
Eggs	Mustard	Sulphur dioxide or sulphites	
Fish	Tree Nuts		
Intolerance, allergy or severe allergy? <i>Please tick the appropriate box (only 1)</i>			
Intolerance	Allergy	Severe Allergy	N/A
If YES to SEVERE ALLERGY , your symptoms are: <i>Please tick appropriate box(es)</i>			
Tingling or itching in the mouth	Feeling lightheaded		
Raised, itchy red rash	Feeling sick (nausea) or vomiting		
Swelling of the face, mouth, throat or other areas of the body	Hay fever-like symptoms, such as sneezing or itchy eyes		
Difficulty swallowing	Abdominal pain or diarrhoea		
Wheezing or shortness of breath	Anaphylaxis		
Do you carry medication? <i>Please tick yes or no</i>	Yes	No	
Is it also an airborne allergy? <i>Please tick yes or no</i>	Yes	No	
Any religious dietary requirements?	Yes	No	
<i>If yes, please state</i>			
Any other information?			
I confirm that I am the person completing & signing this form. I believe this information is true to the best of my knowledge and food served at the event cannot be changed on the day.			
Signed :..... (no electronic signatures) Date :.....			