Food Allergies and Intolerances Form

Only complete this form if you have a food allergy or special dietary need.

Arrival Date: \_\_\_\_\_ Departure Date: \_\_\_\_\_\_ Villa # : ­­­­\_\_\_\_\_

Guests Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age: \_\_\_\_\_\_\_\_\_\_\_\_\_

\*FOOD ALLERGY (Foods you need to avoid completely)

\_\_\_Lactose \_\_\_Soy \_\_\_Eggs \_\_\_Peanuts \_\_\_Tree nuts

\_\_\_Fish \_\_\_Shellfish \_\_\_Crustacean

\_\_\_Gluten (celiac disease or non-celiac gluten sensitivity, includes wheat, barley, oats, rye)

Other, please list: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*FOOD INTOLERANCE (Foods you need to reduce in your diet)

\_\_\_Lactose \_\_\_ Soy \_\_\_Gluten (celiac disease or non-celiac gluten sensitivity, includes wheat, barley, oats, rye)

Other, please list: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you?

\_\_\_Vegan \_\_\_Vegetarian

Other Special Diet needs or restrictions (i.e., Diabetes, IBS, other):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dietary Needs Questionnaire

Please answer the following questions to better help us with your needs:

What are the preferred food substitutions, if any? (gluten- free breads, soy milk etc):

What types of contact will cause a reaction?

\_\_\_\_\_Airborne \_\_\_\_Trace Cross Contact \_\_\_\_Actual ingestion of food

Please explain:

Is the food allergy able to be managed on site if an incident does occur? Please explain so we can help if needed.

Is there any other information you would like to share to help us meet your needs?