

If anyone from your group has a dietary or medical issue, this form must to be completed.

GROUP/BOOKING NAME	ONSITE DATE(S)
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PARTICIPANT INFORMATION			
Participant's Name (please write):	*Age:	*Date of Birth:	Gender: M <input type="checkbox"/> F <input type="checkbox"/>
Address (street/city/province/postal code):			

**Optional if over 18 years of age*

*Parent/Guardian Name:	Emergency Contact:
Parent Email:	Relationship:
Home Phone:	Home Phone:
Alternate Phone:	Alternate Phone:

**Optional if over 18 years of age*

IN CASE OF EMERGENCY	
*Doctor's Name:	*Phone Number:

**Optional if over 18 years of age*

HEALTH INFORMATION – Please provide an additional information sheet if necessary.
Chronic disability or illness:
Other medical conditions or significant health issues staff should be aware of:

ALLERGIES – Please provide an additional information sheet if necessary.			
EpiPen required for allergies?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If YES, participant must bring EpiPens with them	
Allergen	Reaction	Treatment	

DIETARY RESTRICTIONS - We are a nut free facility. If you do not check off a box, we will assume you have no restrictions.			
No Seafood <input type="checkbox"/>	Vegan <input type="checkbox"/>	No Red Meat <input type="checkbox"/>	Gluten Free <input type="checkbox"/>
Vegetarian <input type="checkbox"/> <i>Describe restrictions below</i>	No Pork <input type="checkbox"/>	Lactose Intolerance <input type="checkbox"/>	Celiac Disease <input type="checkbox"/>
Other (please describe)			

CONSENT TO MEDICAL INFORMATION	
Signature of adult participant or parent/guardian for minors (under 18):	Date Signed:

If this form is not completed by someone that has any dietary issues, it will not be taken into consideration when the kitchen is preparing meal(s). This will also include participants who are only joining in for some meals. This form is required to be submitted (scanned and emailed) by the conveyor to the Events Coordinator as noted in the contract and/or corresponding confirmation email.