



# DIETARY REQUIREMENTS

## FOR THOSE WITH COMPLEX DIETARY NEEDS or SIGNIFICANT ALLERGIES

Return to: [bookings@kiahridge.org.au](mailto:bookings@kiahridge.org.au) | ph 4683 1111 | fax 4683 1122

### GUEST DETAILS:

Full Name: ..... Gender: .....

Group: ..... Age (if under 18): .....

Stay Dates: .....

### CONTACT DETAILS:

Parent/Guardian details for guests under 18

Full Name: ..... Relationship: .....

Email: ..... Phone: .....

Best Time to Contact: .....

### SPECIFIC DIETARY REQUIREMENTS:

Please detail your dietary requirements

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### ADVICE:

If applicable, please include any advice that may assist in catering for your requirements. This may include specific foods to avoid, alternative meal types or ingredients.

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### OFFICE USE ONLY:

- Dietary Requirement can be accommodated within typical variations  
OR  
 Guest needs to be contacted to discuss menu planning

#### Discuss:

#### KR CCC Action

- |   |   |
|---|---|
| <input type="checkbox"/> Dietary requirements discussed         | <input type="checkbox"/> Cater all meals                    |
| <input type="checkbox"/> Proposed menu explained                | <input type="checkbox"/> Cater main meals only              |
| <input type="checkbox"/> Appropriate elimination / substitution | <input type="checkbox"/> Assist guest in providing own food |
| <input type="checkbox"/> Surcharge applicable?                  |   |

### Menu Planning Notes:

Breakfast	Lunch	Dinner
<b>Snacks:</b>		