Claremont Kitchen Information Sheet

Please fax the completed form to 905-649-1709 no later than one week prior to your visit.

School/Group name:		
Arrival date:	Departure date:	
Teacher(s)/Leader(s):	No. of participants:	Age/Grade:
	Phone no.:	Tables to be set (staff use):

PLEASE ONLY COMPLETE FOR PARTICIPANTS WITH SPECIAL DIETARY NEEDS. MARK **"X"** IN THE TABLE BELOW TO INDICATE FOOD ITEMS THAT **CANNOT** BE CONSUMED.

Name	Carries EpiPen? (Y/N)	Nut	Beef	Pork	Turkey	Chicken	Fish	Dairy	Dairy as ingredient	Milk	Milk as ingredient	Cheese	Egg	Egg as ingredient	Requires Halal? (Y/N)	Gluten	Soya	Other (please specify)

Birthday(s) this week	
Participant's name:	Date:
Participant's name:	Date:

Please note that Claremont Field Centre promotes nut-free, litterless snacks. We thank you for your cooperation!