



EDUCA TOURS OF AUSTRALIA

ABN: 15 117 125 520

Phone: (07) 3424 7898

Postal: P O Box 741, Booval Q 4304

Fax: (07) 3424 5006

Email: tours@educatours.com.au

Specialists in Fully Co-Ordinated and Escorted Educational Tours and Excursions

INDIVIDUAL SPECIAL DIETS FORM

This form is to be completed for Passengers with Special Dietary Requirements only.

Group: **JONES HILL STATE SCHOOL**

Dates of Travel: **01/11/20 to 05/11/20**

Passenger's Name: _____ Student

Parent/Guardian Contact Name: _____

Phone Number: _____

(Please provide the best day time contact and phone number in case there are any queries regarding dietary requirements)

Dietary Requirements: **Severe and life threatening allergies**

Do you have an anaphylactic reaction to any food?

Please Circle
YES / NO

If yes, please list each food type

Do you carry an epipen?

Please Circle
YES / NO

Special Diets: **Please circle all that apply to you**

Allergies:

Milk/Dairy

Dairy is ok in cooked foods

Lactose

Lactose is ok in cooked foods

Nuts (please specify which)

Peanuts Coconut

Tree Nuts Sesame

Food Colouring (please provide numbers below)

Gluten/Wheat

Coeliac Disease

Egg

Egg is ok in cooked foods

Seafood

Fish/Shellfish (specify)

Preservatives (please provide numbers below)

Other (please specify below)

Regarding your allergy:

Can you have foods with the warning "may contain traces of "YES / NO
or
"May be manufactured on equipment that also processes " YES / NO

Other:

Vegetarian

Will eat fish & seafood
Will eat chicken
Will eat milk & dairy products
Will eat eggs

Vegan

Diabetic
Low Salicylates
No Red Meat
No Pork

Other (please specify)

Parent/Guardian Name: _____

Signature: _____

Date: / / 2020