## **DIETARY MANAGEMENT FORM**



Participant's name:		
The Outdoor Education Group is aware that participants may have dietary requirements concerning allerg sensitivity, autoimmune disorders or a preferred diet for the purposes of cultural, religious and/or other lie Every effort will be made to accommodate these needs. Please thoroughly complete the relevant questions provide appropriate food and dietary management.  IMPORTANT NOTE: If a dietary requirement is related to an allergy, you are also REQUIRED to complete the A Management Form.	festyle consi below to en	derations able us to
NUT ALLERGIES  Does the participant have a nut allergy? □ NO □ YES  The Outdoor Education Group Nut Policy states; "catered food will not contain any peanut, tree nut, or the ingredients." In line with this policy we operate a 'No Nuts' practice and ensure that all catering managed nut free environment. Some products purchased for program consumption by OEG carry voluntary warnic contain traces' or 'may be present' and this is clearly labelled in the ingredients listing. Note that this policy Outdoor Education Group provided food and participant-provided food.	by OEG mai ng labels su	ntains a ch as 'may
Do you consent to the participant consuming products with these warning labels? ('may contain traces' or If NO alternatives will be provided. $\Box$ NO $\Box$ YES	'may be pro	esent').
<b>DIABETES, AUTOIMMUNE DISORDERS OR ALLERGIES OTHER THAN PEANUTS AND TREE NUTS</b> Please detail:	□ NO	□ YES
IF ALLERGY IS PRESENT, PLEASE COMPLETE THE FOLLOWING:  1. Can the participant consume foods marked "may contain traces of the allergen (e.g. milk, egg, etc.)"?  2. Can the participant consume foods with the allergen 'cooked into' the food (i.e. egg in cake)?  3. Can the participant share cutlery/pots/pans/cutting boards?  INTOLERANCE  NO SES  Please list all foods / ingredients that participant has an intolerance to and provide examples of substitutes. (e.g. Dairy Intolerance - soy or rice milk etc.   Fructose Intolerant - No apple, pear, we have the participant of the substitutes.	_	■ YES ■ YES □ YES
PREFERENCE □ NO □ YES  If diet information relates to a preference, please provide examples of possible substitutes:  (e.g. Vegan - soy or rice milk etc. Honey okay?   Vegetarian - cheese and/or milk okay?)		
IMPORTANT NOTE:  Substitutes we can provide will be chosen according to availability and appropriateness to program require type. We may contact you to arrange for additional supply of foods from home.  If you have provided all relevant information regarding the participant's specific dietary require require follow up from our dietary and catering team? This will initially be via text message. □  Primary contact phone number:	ements, do NO   Education Gr tion to a third ermission fo	you YES oup if d party r
Name: Signature: Date:		
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