

Lake Perseverance  
Youth Justice

# Special Diets Form

**Please complete and return with your catering menu:**

First Name:

Last Name:

- Use this form only if you have a strict dietary requirement that is essential to your health and well being (e.g. food allergy).

Dietary Requirements: (tick one)

- Coelic (Gluten Free)
- Coelic/Lactose Intorerant
- Lactose Intorerant
- Vegan
- Vegetarian

Allergies: (tick all that apply)

- Nuts
- Eggs
- Shellfish/Seafood
- SEVERE ANAPHYLACTIC REACTION**

Other specific allergies or dietary requirements:

