



Individual Dietary Summary

Please summarise your child's/your key dietary requirements below. Please note that whilst all reasonable care and communication in relation to the production of safe meals will be undertaken, our kitchen and products from our kitchen are not guaranteed to be 100% allergy free. Dunes on Shelly Beach reserve the right to choose which meals it will prepare.

All guests eat at their own risk.

GROUP NAME _____ ARRIVAL DATE _____

GUESTS NAME _____ GENDER *MALE/FAMALE* AGE _____

PARENT/CAREGIVERS NAME _____ CONTACT PHONE _____

IF GUESTS IS UNDER 18 YEARS

Please complete as accurately as possible

DOES YOUR/DO YOU HAVE ANY DIETARY REQUIREMENTS? NO YES

Are your child's/your dietary requirements:

- Critical (life threatening)
- Serious (non-life threatening but medically relevant)
- Lifestyle choice

My child/I has/have an allergy/intolerance to (please tick ALL relevant boxes):

- | | | | | | | |
|---------------------------------|--------------------------------------|----------------------------------|---|-----------------------------------|------------------------------------|--------------------------------------|
| <input type="checkbox"/> GLUTEN | <input type="checkbox"/> DAIRY | <input type="checkbox"/> MEATS | <input type="checkbox"/> SALICYLATES | <input type="checkbox"/> NUTS | <input type="checkbox"/> EGG | <input type="checkbox"/> SUGAR |
| <input type="checkbox"/> barley | <input type="checkbox"/> lactose | <input type="checkbox"/> beef | <input type="checkbox"/> tomatoes <input type="checkbox"/> onions | <input type="checkbox"/> peanuts | <input type="checkbox"/> whole egg | <input type="checkbox"/> fructose |
| <input type="checkbox"/> oats | <input type="checkbox"/> milk solids | <input type="checkbox"/> lamb | <input type="checkbox"/> capsicum <input type="checkbox"/> spices | <input type="checkbox"/> treenuts | <input type="checkbox"/> in baking | <input type="checkbox"/> substitutes |
| <input type="checkbox"/> rye | <input type="checkbox"/> whey/powder | <input type="checkbox"/> chicken | <input type="checkbox"/> oranges <input type="checkbox"/> other | | | |
| <input type="checkbox"/> wheat | <input type="checkbox"/> casein/ate | <input type="checkbox"/> pork | <input type="checkbox"/> berries | | | |
-
- | | |
|------------------------------------|--|
| <input type="checkbox"/> FISH | <input type="checkbox"/> MISCELLANEOUS |
| <input type="checkbox"/> shellfish | <input type="checkbox"/> garlic |
| <input type="checkbox"/> other | <input type="checkbox"/> rice |
| | <input type="checkbox"/> corn |
| | <input type="checkbox"/> fat |

Are products labelled "may contain traces of" ... acceptable for your child/you? YES NO

OTHER (please specify) _____

FOR GROUP LEADER USE ONLY.

All individual dietary requirements are to be summarised on the GROUP DIETARY SUMMARY form and submitted to Dunes On Shelly Beach no later than 14 days prior to your stay.

Dunes on Shelly Beach enquiries@dunesonshelly.com.au ph;0266869014