Allergenic Guest Information

Guest: _____

Contact Info.: _____

Allergies:

- ☐ Dairy
- ☐ Eggs
- ☐ Gluten (wheat)
- ☐ Peanuts
- ☐ Seafood
- ☐ Shellfish
- ☐ Soy
- ☐ Tree Nuts
- ☐ Other: _____

Exposure required for reaction: _____

Allergic response: _____

Note from medical professional on file:

- ☐ Yes
- ☐ No

Intollerances:

- ☐ Gluten (Celiac Disease)
- ☐ Lactose
- ☐ Other: _____

Foodservice Contact(s): _____

Manager: _____