

Hotel Guest Allergen Preference Form

Full Name

Room Number

Check-In Date

Check-Out Date

Allergens (please select all that apply)

☐

Dairy

☐

Eggs

☐

Gluten

☐

Peanuts

☐

Tree Nuts

☐

Fish

☐

Shellfish

☐

Soy

☐

Sesame

Other Allergens or Restrictions (please specify)

Additional Notes (e.g., severity, cross-contamination concerns)

Contact Information (e.g., email or phone)