

Airline Passenger Food Allergy Declaration Form

Passenger Information

Full Name

Date of Birth

Flight Number

Seat Number

Contact Number

Email Address

Food Allergy Details

Specify Food Allergy/Allergies

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I have a history of anaphylaxis

Describe Your Typical Reaction

Emergency Medication Carried

Additional Information

Special Dietary Requirements or Requests

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I confirm that the above information is accurate and complete.

