Nut Allergy Diet Restriction Form

| Full Name | |
|--|----------|
| Email Address | |
| Nut Allergy Type | |
| Symptoms Experienced | <u>*</u> |
| ☐ Hives ☐ Swelling ☐ Trouble Breathing ☐ Other | |
| Additional Dietary Needs / Restrictions | |
| | |
| Emergency Contact Name | |
| | |
| Emergency Contact Phone | |
| | |