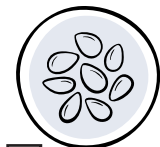


ALLERGY INFORMATION

Please tick all that apply.



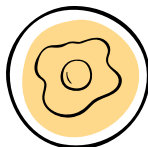
SESAME



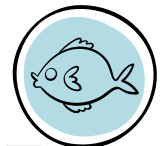
NUTS



CRUSTACEAN



EGGS



FISH



MUSTARD



MILK



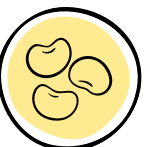
CELERY



SOYA



SHELLFISH



LUPINS



SULPHITE



GLUTEN



PEANUTS



OTHER
(please specify)

PERSONAL INFORMATION

Name: _____

Email: _____

Student ID number: _____

Campus address (include area and room number):

SHARING INFORMATION

Can Catering's Safety and Compliance Advisor contact you about your allergy?

May we pass your information given here on to relevant departments?* (Including Commercial Services Catering; Safety, Health and Environment Office; Kent Union catering outlets)

Even after completing this form it is important to always speak with a member of the catering team regarding any requirements when ordering from an outlet on campus.

* Please note that this information will only be kept for one academic year before being deleted.



PLEASE SAVE THIS FORM WITH YOUR ANSWERS AND EMAIL TO JASON SHINN, SAFETY AND COMPLIANCE ADVISOR, AT J.D.SHINN@KENT.AC.UK