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| **DIETARY INFORMATION FORM 2025** |
| **Please print all information on this form clearly (one per guest)** |
| ***Allergen Information – Important***  ***Under the Food Standard Agency (FSA) it is essential that you provide us with information regarding any food allergens you are aware of so that we can ensure we do not use these ingredients when preparing food. The 14 allergens recognised by the FSA are listed below and you should indicate any you are allergic to. We can provide details of where any of these ingredients occur in meals; if***  ***you need this information please ring or email and we can supply them well in advance of your cruise.***  ***If you are travelling as part of a group, please provide these details for each individual in the group.*** |

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| Allergen | Tick box if this applies to you | Allergen | Tick box if this applies to you | Allergen | Tick box if this applies to you |
| Celery |  | Lupin |  | Peanuts |  |
| Cereals containing gluten |  | Milk |  | Sesame Seeds |  |
| Crustaceans |  | Molluscs |  | Soya |  |
| Eggs |  | Mustard |  | Sulphur dioxide |  |
| Fish |  | Nuts |  |  |  |
| **I have none of the allergens listed above** | | |  | **Signed** | |

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| ***Preferred diet:***  *We prepare and cook all meals from fresh ingredients daily but have a limited amount of storage space on the boats and do not like to waste food if at all possible. Therefore, we also need to know prior to planning and shopping whether our guests have any strong dislikes or special dietary requirements. We also would like to know in advance if you prefer vegetarian or vegan meals.* |
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| ***Drinks***  *We have a small ‘boat’ open bar for your enjoyment at no cost. Wine and Port is provided during evening dinner. Specialist drinks can be requested in advance (we will do our best to source), however, these are at your cost. Of course you are welcome to bring your own.* |

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| Guest name (please print clearly) |  |
| Guest signature |  |
| Date of cruise or cruise number |  |
| **MEDICAL & EMERGENCY INFORMATION FORM 2025** | |
| **Please print all information on this form clearly (one per guest)** | |
| **It is helpful for us to have a little information from you to make your stay on-board as carefree**  **as possible. Therefore, we ask our guests to provide details of emergency contacts and medical information or other information we may need should we encounter an emergency situation or you require medical assistance.**  **If you are travelling as part of a group, please provide these details for each individual in the group.** | |
| **Please be assured that all information will be held in the strictest confidence and only used in a situation considered by Hotel Narrowboats Ltd to be an emergency.** | |

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| ***Guest Name*** | ***Cruise Number or date*** |
| *In the event of an emergency, please provide a**contact name and contact number* |  |

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| *Any other Emergency contact (name, relationship to you and contact details) this may be outside the UK* |  |

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| ***Medical Information***  *Please provide information of any medical conditions or medication* ***that you would need the emergency services to be aware of.*** *If you have emergency medical insurance, you may wish to indicate that here.* |
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| *None of the above is compulsory but please note that if any guest is found to have an unmanaged illness, they may be required to leave the cruise and no refund will be given for cruise time or facilities cancelled due to this action.* |

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| Guest signature |  |
| Date |  |