



Allergies/Special Needs Information Form

While ACIS cannot take responsibility to ensure that dietary and allergy restrictions are able to be accommodated in each dining establishment we wish to assist you in the process of supporting your students by collecting a summary of food allergies and/or serious dietary restrictions (though not food preferences) which we will then pass on to your guide and the restaurants. Group leaders (who know the students and their needs) should talk to the restaurant staff, on site, at the time of each meal, to ensure they are aware of these dietary needs.

Please complete and return the attached form if there are dietary needs that you would like us to pass on to the dining establishments on your behalf.

Group Leader Name: _____

Example: Peanuts: (2) Mary Smith, Bob Jones _____

FOOD ALLERGIES

Peanuts () _____

Tree Nuts () _____

Dairy () _____

Shellfish () _____

Other () _____

SERIOUS DIETARY RESTRICTIONS

Vegetarian () _____

Other [Describe] () _____

OTHER SPECIAL NEEDS FOR PHYSICAL HANDICAPS OR MEDICAL CONDITIONS (describe below or on other side):

DIABETICS REQUIRING A REFRIGERATOR: () _____

Please return via:

Scan/email: accounts@acis.com * Fax: 617-450-5601 * Mail: 343 Congress St., Suite 3100 Boston, MA 02210