

Food Request Form



Client Information

Full Name: _____

Phone Number: _____

Email Address: _____

Dietary Restrictions & Allergies

Food Allergies: _____

Foods to Avoid: _____

Health & Nutrition Goals

☐ Weight Loss - Recommended Calorie Intake: _____ kcal/day

☐ Weight Gain - Recommended Calorie Intake: _____ kcal/day

Pick-Up or Delivery

☐ Pick-Up - Preferred Date & Time: _____

☐ Delivery - Delivery Address: _____

Additional Requests or Notes:

Client Signature: _____ Date: _____

****Food request disclaimer**:**

By submitting this food request form, you acknowledge and agree to the following:

****Allergy and dietary restrictions**:**

While we strive to accommodate dietary needs and preferences, we cannot guarantee that food provided will be free from allergens, cross-contamination, or specific dietary restrictions. It is the requester's responsibility to verify ingredients if they have severe allergies or dietary concerns.

****Availability**:** Food items requested are subject to availability and may be substituted without prior notice based on supply limitations.

****Consumption Responsibility**:**

The requester assumes all responsibility for the consumption of provided food and any related health consequences. If you have any medical conditions or dietary restrictions, please consult with a healthcare provider before consuming.

****Liability**:** The organization providing this food is not liable for any adverse reactions, illness, or issues that may arise from the consumption of the food provided.

**** Proper handling**:** Once food is received, the requester is responsible for proper handling and storage to maintain food safety.

By submitting this form, you confirm that you have read, understood, and agreed to this disclaimer.

