



## Food allergies and intolerances and/or special set meals form

### Details of the person with a food allergy or intolerance

Name and surname(s)		Age	
Preferred name <sup>1</sup>	Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female <input type="checkbox"/> Non-binary
Date of birth	Email	Phone no.	

### Details of the parent or guardian (only to be filled in if the person with a food allergy or intolerance is a minor)

Name and surname(s)	As parent/guardian
Phone no.	

### Details of the stay

Hostel
Booking number:
Arrival date and first meal booked
Departure date and last meal booked

### Information on the food allergy or intolerance (medical certificate is required)

<input type="checkbox"/> Allergy	What type is it?	<input type="checkbox"/> Ingested	<input type="checkbox"/> Contact	<input type="checkbox"/> Inhaled
<input type="checkbox"/> Intolerance	<input type="checkbox"/> Coeliac disease			
Types	Other			
<input type="checkbox"/> Gluten	<input type="checkbox"/>			
<input type="checkbox"/> Nuts	<input type="checkbox"/>			
<input type="checkbox"/> Lactose	<input type="checkbox"/>			
<input type="checkbox"/> Eggs	<input type="checkbox"/>			
<input type="checkbox"/> Fish	<input type="checkbox"/>			
<input type="checkbox"/> Pulses	<input type="checkbox"/>			
<input type="checkbox"/> Shellfish	<input type="checkbox"/>			
<input type="checkbox"/> Cow's milk protein	<input type="checkbox"/>			

Foods or food derivatives which you CANNOT eat and/or other aspects related to the food allergy or intolerance to be considered:

<sup>1</sup> This field is to be filled in if the transsexual, transgender or intersex person is identified with their preferred name on the health card issued by CatSalud.

### **Special set meal**

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Please state what type of diet you need: vegan, vegetarian, pork-free, etc.

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### **What to do in an emergency**

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What reaction does the allergy cause? (Hives, rash, spots, itching, choking, etc.)

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What is the reaction time in case of accidental ingestion or contact?

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What actions need to be taken in case of accidental ingestion or contact?

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Who is in charge of performing these actions?

Name and surname(s)

ID

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Name and surname(s)

ID

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Name and surname(s)

ID

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### **Documents attached to this form**

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- ☐ Medical certificate stating the allergy or intolerance.
- ☐ Instructions regarding the allergy or intolerance (preferably from a doctor) for drawing up the appropriate set meal.
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### **Any other aspects of the food allergy or intolerance we should be aware of**

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I hereby state:

That the information given in this form and the attached documentation is true and I undertake to notify the hostel of any changes in it in the future.

Signature of the person concerned  
or guardian (in the case of minors)

Date

Please email this document to the hostel concerned at least a fortnight before your stay. You can find the addresses of all the facilities [here](#).

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#### **Key data protection information in relation to the treatment of food allergies or intolerances of users of the hostels run by the Catalan Youth Agency**

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**Controller:** Catalan Youth Agency in the Ministry of Social Rights and Inclusion.

**Purpose:** managing the data of users of the Catalan Youth Agency's XANASCAT hostels who have food allergies or intolerances.

**Lawful basis:** data subject's consent.

**Recipients:** data will not be transferred to third parties.

The company awarded the contract for the Catalan Youth Agency's dietary and nutritional advice service will process the data in order to prepare the appropriate set meal where needed.

**Data subjects' rights:** they have the right to access the data provided, rectify them, erase them and object their processing as specified by law. To exercise these rights, please write to the Catalan Youth Agency, enclosing or attaching a copy of your ID, by post at c/ Aragon, 244-248, 08007 Barcelona or by email to [dpo.acjoventut@gencat.cat](mailto:dpo.acjoventut@gencat.cat) which you have to sign using an electronic ID or recognised digital certificate.

**More information** at [xanascap.gencat.cat/ca/avis-legal/](https://xanascap.gencat.cat/ca/avis-legal/).

By signing this document, you authorise the unit controlling the file to process the data contained in it for the stated purpose.

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