

Dear User,

The Catalan Youth Agency is committed to offering a safe and premium quality diet to XANASCAT hostel users who have food allergies or intolerances. To this end, it provides the hostels' kitchens with its **food allergy and intolerance protocol** and **dietary and nutritional advice service**.

To ensure that nutritional needs are met with full safeguards, the following documents are essential in cases of food allergy or intolerance:

- The food allergy and intolerance form **to be filled in by the families of the participating children** and where necessary by **the people accompanying the group**. Once completed and signed, please email it to the hostel where you are going to stay together with the medical certificate of diagnosis to enable our team of nutritionists to conduct a study and tailor the set meals.
- The attached statement **to be filled in by the group leader**. Once completed and signed, please email it to the hostel where you are going to stay.

All the documents should be **emailed to the hostel at least a fortnight in advance**. If they are submitted less far in advance, the hostel management will have to assess whether the set meals can be adapted.

Thank you for your cooperation and for choosing XANASCAT.

Best regards,

Catalan Youth Agency

Group details / Statement on food allergies and intolerances

Group name	Hostel / booking no.		
Leader			
Phone no			
Leaders / Teachers*	Men	Women	Non-binary people
Participants / Pupils*	Boys	Girls	Non-binary people
Year / Course / Age			

* Please fill in this section carefully to ensure we can allocate the rooms appropriately.

Date of arrival and first meal booked

Date of departure and last meal booked

Please tell us whether you require any special set meals

Number of vegan diets

Number of vegetarian diets

Number of pork-free diets

Other

People in the group/school group with allergies or intolerances (include accompanying people) (please list all people with allergies or intolerances. If you cannot specify the name, please use an indicator)

Name and surname(s) or indicator / Type of allergy and/or intolerance

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Please remember that each person with a food allergy or intolerance has to fill in the individual Food allergy and intolerance form

Please say whether there is any participant with disability or dependence (if yes, please fill in the Participants with disability form)

YES NO

Details of the person making the statement (to be filled in by the leader of the group/school group)

Name and surname(s)

I hereby state

1. I am responsible for the abovementioned group/school group which will be staying at the hostel shown above for the specified number of days.
 2. In this group/school group there are people who need an adapted diet due to food allergies or intolerance. I ensure that the parents or legal guardians send the relevant form with the medical certificate stating the eating disorders and the dietary guidelines associated with them together with instructions for what to do in the event of an emergency.
 3. I am authorised to take the child or young person to a medical centre, preferably by approved medical or public transport (ideally by taxi), if I think it is necessary.
 4. I have the authorisation stating that the minor with a food allergy or intolerance can take part in the activity in question and that in an emergency, medical and surgical decisions may be carried out always under the supervision of the attending medical team.
 5. I have the authorisation to administer the specified medicine to the minors.
 6. I have a plan of action in the event of an emergency together with information and medical instructions on the administration and storage of the medicines.
 7. I am aware that the staff of the hostel and the Catalan Youth Agency are expressly held harmless from any legal consequences or ramifications that may arise from administering the medicines to the user or taking the user to a medical centre.
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In case of allergic reaction (please tick the appropriate option)

School group stay:

The teaching team accompanying the group made up of the leader and other teachers is to ensure that food allergies and intolerances are monitored and managed in accordance with the medical and surgical authorisation given by the legal representatives of the minors to the school.

I authorise the members of the accompanying teaching team to administer the medication indicated in the participating pupil's food allergy and intolerance form.

Recreational or sports group stay:

The team leading the activity made up of the leader and the people accompanying it is to ensure that food allergies and intolerances are monitored and managed.

I authorise the members of the team leading the activity to administer the medication specified in the health form (section 12 of Decree 267/2016) and/or the medication specified in a written document at the time of the start of the stay.

Stays by other types of groups (not school, recreational or sports):

The group leader is to tell the facility who will be in charge of managing food allergies and intolerances as per the regulations applicable in each case. As far as individuals are concerned, each parent or guardian (in the case of a minor) and the participant themselves (if the user is of legal age) will be in charge.

I state that I will provide the hostel with information regarding food allergies and intolerances.

And for the record I sign this document.

Signature:

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](#).

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

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 to prepare the appropriate set meal as needed.

Data subjects' rights: they have the right to access, rectify and erase the data provided and object to 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/ Aragó, 244-248, 08007 Barcelona, or by email to dpo.acjoventut@gencat.cat which you have to sign using an electronic ID card or recognised digital certificate.

More information at xanascat.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.
