VISITOR ALLERGEN CARD

Please complete the information below with any food allergies you may have. Present this card to the Customer Service Window at the Front Gate. It will be put on file at the First Aid Station.

WARNING! I am severely allergic to:

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

In order for me to avoid a life-threatening reaction, I must avoid all food that contain these ingredients:

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

Emergency Contact:

Emergency Phone:

To ensure my food safety, I am being permitted by the Pennsylvania Renaissance Faire to enter with food that I alone will consume during my visit to the Faire.

Name:

Signature: