ROYAL & IMPERIAL
BELVEDERE
ALL INCLUSIVE RESORT

Dear Guest,

Welcome to the Royal & Imperial Belvedere Resort!

In order to provide you with a safe and tailored experience during your stay at our resort, we ask for your explicit consent to collect and process sensitive personal data related to allergies or medical needs. This includes food, environmental, pharmaceutical, or any other type of allergy. The purpose of collecting and processing this sensitive health-related information is to ensure the highest possible level of safety, care, and personalized service during your stay. By providing us with accurate details regarding any allergies or specific medical sensitivities, you enable our staff to take all necessary precautions to minimize health risks.

Your data will be retained only for the duration of your stay and securely deleted afterward, unless otherwise required by law. Access to data related to allergies or other sensitive health information is strictly limited to only the personnel who are absolutely necessary for the provision of related services. You have the right to withdraw your consent at any time without any penalty or negative consequences. Please note that in such a case the resort may no longer be able to personalize certain services or meal options to match your specific health needs. Should you choose to withdraw your consent, you may contact the Data Controller in writing or electronically. **The Data Controller is Royal & Imperial Belvedere Resort, located at Hersonissos, Crete, PC 70014, Greece. You may reach us by phone at +30 28970 22371-5 or via email at compliance@belvedereresort.com.**

In buffet service areas, guests are kindly reminded that they are responsible for the selection of their own food items. We strongly encourage guests with allergies to consult our team prior to making any food choices.

Personal Information

1. Full Name: _____

2. Reservation Number: _____

3. Contact Number: _____

4. Email Address: _____

Allergy & Health Information

5. Please list any known allergies (e.g., food, insect bites, medication, pollen, etc.):

Allergen	Reaction/Symptoms	Severity (Mild, Moderate, Severe)	Treatment/Medication (if any)

(*Attach additional sheet if necessary*)

6. Please indicate any dietary restrictions or preferences:

[ ] Gluten-free [ ] Dairy-free [ ] Vegan [ ] Vegetarian [ ] Nut-free [ ] Soy-free [ ] Shellfish-free

[ ] Other (please specify): _____

7. Do you carry an EpiPen or other emergency medication for your allergies? [ ] Yes [ ] No

8. In case of severe reaction, do we have your permission to administer emergency treatment and/or contact medical professionals? [ ] Yes [ ] No

9. Do you require hypoallergenic bedding or other special room accommodations?
[ ] Yes (specify): _____ [ ] No

10. Are you allergic to any specific plants, flowers, or trees that we should be aware of while assigning your room or during outdoor activities? [ ] Yes (specify): _____ [ ] No

11. Are you allergic to any cleaning products or chemicals that we should avoid using in your room? [ ] Yes (specify): _____ [ ] No

12. Please provide any other relevant information or special requests regarding your allergies:

_____

_____

_____

_____

_____

☐ I hereby give my explicit consent to the processing of my personal and health-related data for the purposes stated above.

Name: _____ Signature: _____ Date: _____