

RELEASE FORM FOR PEANUT/NUT ALLERGY

I hereby declare as follows:

1. I am allergic to peanuts and/or other nuts/tree nuts (or other food group: please specify _____) and may be at risk of anaphylaxis.
2. I am travelling on Malaysia Airlines Flight Number(s) _____ on _____ from _____ to _____.
3. I attach my doctor's action plan for anaphylaxis / Australasian Society of Clinical Immunology and Allergy (ASCI) Action Plan for Anaphylaxis* (*delete whichever is not applicable) and my doctor's contact details.
4. I acknowledge that I have been trained to self-medicate, in accordance with my doctor's action plan for anaphylaxis / ASCIA Action Plan for Anaphylaxis* (*delete whichever is not applicable), in the event of a potentially life-threatening reaction / anaphylaxis and that I will be carrying the appropriate medication on board the flight(s) detailed above at paragraph (2).
5. I understand that Malaysia Airlines is unable to guarantee an allergen-free meal, cabin or environment.
6. I understand that Malaysia Airlines will not implement peanut-free or nut-free buffer areas and/or remove the service of peanut or nut snacks; nor make onboard announcements refraining passengers from consuming peanuts/nuts.
7. I understand that if I am accepted for carriage by Malaysia Airlines, such carriage shall be at my own risk and subject to the Malaysia Airlines General Conditions of Carriage.

Release:

I release and discharge Malaysia Airlines (including its directors, employees, servants and agents) from all actions, suits, causes of action, claims and demands whatsoever in respect of, or howsoever relating to, the presence of peanuts, nuts, peanut allergens, nut allergens or other food allergens as detailed at paragraph (1) above, in any Malaysia Airlines meal, cabin or environment.

This release declaration is made on my free will and without any persuasion by any party whomsoever.

Signature : _____
(Passenger/Guardian)

Name : _____

Nationality : _____

Passport/ID No. : _____

FOR OFFICE USE	
Flight Number :	_____
Witnessed by :	_____
Name :	_____
Staff Number:	_____