**Special Dietary Needs Form** 

Photo:	Student Information						
Date of Birth:  Class/Form:  Allergy/Intolerance Information Tick the box next to the foods to which your child is allergic or intolerant  Peanuts Pea	Name:	Photo:					
Date of Birth:  Class/Form:  Allergy/Intolerance Information Tick the box next to the foods to which your child is allergic or intolerant  Peanuts Pea	Address:	4					
Class/Form:    Allergy/Intolerance Information   Tick the box next to the foods to which your child is allergic or intolerant	Addition.						
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Allergy/Intolerance Information Tick the box next to the foods to which your child is allergic or intolerant  Peanuts Nuts Seafood, Crustaceans Seasme Seeds Seafood, Molluscs Milk Gluten (Wheat, Barley, Rye, Oats etc) Eggs Soya Celery Lupin Mustard Is the condition medically diagnosed Has your child suffered a previous allergic reaction to any of these foods Is the allergy life threatening Is your child allergic to any other food item If YES, NO Ibleady Preference Dietary Preference Dietary Preference Dietary Preference for Religious Purposes (Please state requirement)  PARENTIGUARDIAN  I understand that I am responsible for ensuring that accurate information about the food allergies or intolerances affecting the child named above is given to the school and the caterer.  I give/do not give permission for a photograph of my child to be displayed in the kitchen to assist in correctly identifying my child when being served (please delete as appropriate)  Please note that whilst all reasonable precautions will be taken to make sure the food is safe for your child to eat, there can be no absolute guarantee that the food will not contain anything to which your child has an allergy or intolerance  Signed: Date:    Date:   Signed   Date:   Da	Date of Birth:						
Peanuts	Class/Form:	]					
Peanuts							
Peanuts   Fish   Nuts   Seafcod, Crustaceans   Seame Seeds   Seafcod, Molluscs   Milk   Gluten (Wheat, Barley, Rye, Oats etc)   Eggs   Soya   Celery   Lupin   Mustard   Sulphur Dioxide/Sulphites   Is the condition medically diagnosed   YES   NO   Has your child suffered a previous allergic reaction to any of these foods   YES   NO   Is the allergy life threatening   YES   NO   Is the allergy life threatening   YES   NO   If YES, to which other food item do they have an allergy or intolerance   Vegetarian   YES   NO   If YES, to which other food item do they have an allergy or intolerance   Vegetarian   YES   NO   If YES, to which other food item do they have an allergy or intolerance   Vegetarian   YES   NO   If YES, to which other food item do they have an allergy or intolerance   Vegetarian   YES   NO   If YES, to which other food item do they have an allergy or intolerance   Vegetarian   YES   NO   If YES, to which other food item do they have an allergy or intolerance   Vegetarian   YES   NO   If YES, to which other food item do they have an allergy or intolerance   Vegetarian   YES   NO   If YES, to which other food item do they have an allergy or intolerance   Vegetarian   YES   NO   If YES, to which other food item do they have an allergy or intolerance affecting the child named above is given to the school and the caterer.  1 I give/do not give permission for a photograph of my child to be displayed in the kitchen to assist in correctly identifying my child when being served (please delete as appropriate)   Please note that whilst all reasonable precautions will be taken to make sure the food is safe for your child to eat, there can be no absolute guarantee that the food will not contain anything to which your child has an allergy or intolerance   Signed:	Allergy/Intolerance Information						
Nuts   Seafood, Crustaceans   Seafood, Molluscs   Milk   Gluten (Wheat, Barley, Rye, Oats etc)   Eggs   Soya   Celery   Lupin   Mustard   Sulphur Dioxide/Sulphites   Is the condition medically diagnosed   YES   NO   Has your child suffered a previous allergic reaction to any of these foods   YES   NO   Is the allergy life threatening   YES   NO   Is the allergy life threatening   YES   NO   If YES, Is valued to the your child allergic to any other food item   YES   NO   If YES, Is which other food item do they have an allergy or intolerance   Vegetarian   YES   NO   Dietary Preference   Dietary Preference   Dietary Preference for Religious Purposes (Please state requirement)   PARENT/GUARDIAN    1 understand that I am responsible for ensuring that accurate information about the food allergies or intolerances affecting the child named above is given to the school and the caterer.  1 give/do not give permission for a photograph of my child to be displayed in the kitchen to assist in correctly identifying my child when being served (please delete as appropriate)    Please note that whilst all reasonable precautions will be taken to make sure the food is safe for your child to eat, there can be no absolute guarantee that the food will not contain anything to which your child has an allergy or intolerance    Signed:		c or intolerant					
Nuts   Seafrood, Crustaceans   Seafrood, Molluscs   Milk   Gluten (Wheat, Barley, Rye, Oats etc)   Eggs   Soya   Celery   Lupin   Mustard   Sulphur Dioxide/Sulphites   Is the condition medically diagnosed   YES   NO   Has your child suffered a previous allergic reaction to any of these foods   YES   NO   Is the allergy life threatening   YES   NO   Is the allergy life threatening   YES   NO   Is the allergy life threatening   YES   NO   If YES, to which other food item   YES   NO   If YES, to which other food item   Output of the year of years							
Sesame Seeds   Seafood, Molluscs   Milk   Gluten (Wheat, Barley, Rye, Oats etc)							
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