

# Special Dietary Needs Form

Student Information	
Name:	Photo:
Address:	
Date of Birth:	
Class/Form:	

Allergy/Intolerance Information	
Tick the box next to the foods to which your child is allergic or intolerant	
Peanuts	Fish
Nuts	Seafood, Crustaceans
Sesame Seeds	Seafood, Molluscs
Milk	Gluten (Wheat, Barley, Rye, Oats etc)
Eggs	Soya
Celery	Lupin
Mustard	Sulphur Dioxide/Sulphites
Is the condition medically diagnosed	YES <input type="checkbox"/> NO <input type="checkbox"/>
Has your child suffered a previous allergic reaction to any of these foods	YES <input type="checkbox"/> NO <input type="checkbox"/>
Is the allergy life threatening	YES <input type="checkbox"/> NO <input type="checkbox"/>
Is your child allergic to any other food item	YES <input type="checkbox"/> NO <input type="checkbox"/>
If YES, to which other food item do they have an allergy or intolerance	
Dietary Preference	Vegetarian <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>
Dietary Preference for Religious Purposes (Please state requirement)	

**PARENT/GUARDIAN**

- 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: .....

Signed by Head Teacher..... Date: .....

Signed: ..... Date: .....  
(Harrison Catering Manager)

Contact Information	
Parent/Guardian Name:	GP Name:
Home Telephone Number:	Telephone Number:
Mobile Telephone Number:	Attached Medical Records: YES/NO
Date of Care Plan Issue:	Review Date of Care Plan: