



Dietary/Allergy Needs Form

| Student Information | |
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| Name: | Photo (school office to add): |
| Address: | |
| Date of Birth: | |
| Class: | |

| Allergy/Intolerance Information |
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| Allergy/Intolerance Details: |
| Symptoms: |
| Daily Care Requirements: |

| Contact Information | |
|--------------------------|----------------------------------|
| Parent/Guardian Name: | GP Name: |
| Home Telephone Number: | Telephone Number: |
| Mobile Telephone Number: | Attached Medical Records: YES/NO |

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| Signature of Parent/Guardian: |
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| Signature of head teacher: |
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| Date of Issue: |
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| Review Date: |
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