Special Dietary Requirements Form

Child's Details	
Name: **Date of Birth:**	**Child's Photo**
Parent/Guardian's Name: **Relationship to Child:**	
Telephone Number and Email Address:	You consent to the photograph of your child being displayed in the kitchen so as to alert staff to your child's allergy. It will be destroyed when your child leaves the school.

Allergy Details		
Does your child have a food allergy? If YES, please complete this section. If NO, please go to next section	**Tick if YES**	Please include as much information as possible about your child's allergy. For example, can they tolerate products that say "may contain traces", what type of nuts are they allergic to or should they avoid all nuts, should they avoid all forms of the allergen or can they tolerate some forms? Please provide a copy of any relevant medical assessment or confirmation.
Artificial Colouring		
Egg		
Gluten Intolerance		
Milk		
Fish		
Nuts		
Sesame Seeds		
Soya		
Other food allergies. Please provide as much information as possible about your child's condition here:		
Does your child carry an EpiPen? (please circle) **YES / NO**		

Other Dietary Related Conditions
Does your child suffer from a medically diagnosed dietary-related condition (eg coeliac disease, diabetes, PKU)? If YES, please provide as much information as possible about your child's condition here.

Signed:	*Parent/Carer*
Dated:	