Dietary requirements / allergies / intolerances form

Child's name: _____ Year Group: _____

Dietary requirements:

☐ Coeliac ☐ No dairy produce

☐ No pork ☐ Gluten

☐ Vegetarian ☐ Halal

☐ Diabetes

☐ other (please specify below)

_____

Allergies (please specify below if you child has an allergy):

☐ Egg allergy ☐ Nut allergy

☐ Fish/seafood allergy ☐ Tomato allergy

_____

_____

Please tick the relevant box below:

☐ Yes, I have medical evidence to support the diagnosis of the above allergy & can provide a copy of this to the office.

☐ No, I do not have medical evidence to support the diagnosis of the above allergy.

If medication is required for any of the above please ask the office for a separate medication form.

Signed: _____ Date: _____