

Information about my child's special diet

Please fill in this form in BLOCK CAPITALS and return it to your child's school.
(The letter that goes with it tells you how)

Section A: General details

Child's full name	
Class, form and tutor	
Your name	
Your relationship to the child	

Section B: Declaration

I confirm my child has a food allergy, intolerance or other dietary-related medical condition that needs addressing. The information in this form isn't about my child's food preferences.

I agree to information about my child's allergy and any related doctor's or registered dietician's medical assessment being provided to the school's catering partner AiP Group of Companies (including any other relevant personal data, like photographs, if I've agreed with the school), solely so they can provide the right alternative meals for my child.

Parent or guardian's signature	
Date	

Section C: Allergy details

Does your child have food allergy? If YES, fill in this section. If NO go to Section D.	Tick if YES	
Celery		
Cereals (containing gluten)		
Crustaceans		
Egg		
Milk		
Molluscs		
Fish		

List continues on next page

Section C: Allergy details continued

	Tick if YES	Extra information
Lupin		
Mustard		
Nuts		
Peanuts		
Sesame Seeds		
Soya		
Sulphur Dioxide (Sulphites)		
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

Section D: Other dietary-related conditions

Does your child have any other dietary restrictions such as vegan or pureed food etc? Please note it is your responsibility to inform your child's school of any changes their dietary requirements.

Does your child need carbohydrate counts?

For office use only:

Name of class or form tutor responsible for helping the student during meals: