



Special Diets and Allergy Form

Please fill out this form and provide as much information as possible. If your child has an allergy or food intolerance, they will be given a named red wristband to wear throughout lunch service. This is to make everyone aware of their allergy/intolerance. If your child has an allergy/intolerance or any dietary need, they will have their own dietary card that will be kept in the kitchen to make all kitchen staff aware of who they are, what they look like and their dietary needs.

Please only fill out this form with relevant dietary information. This form is not designed for your child's general likes and dislikes.

Student's Full Name _____

Student's Date of Birth _____ Student's Gender _____

Student's Year Group _____ Student's Class Name _____

Does your child have a food allergy or food intolerance? (Please circle) Allergy / Intolerance

Please tick the following box indicating your child's food allergy/intolerance.

Celery	Crustaceans	Eggs	Fish	Gluten
Lupin	Milk	Molluscs	Mustard	Nuts
Peanuts	Sesame Seeds	Soya	Sulphur Dioxide	Other

If you ticked *other* please give details of this in the box below.

If your child's allergy/intolerance is specific to an individual food group - such as fish or tree nuts - please write the details of this below.

Please provide any details of your child's allergy/intolerance?

Does your child have an epi pen? (please circle) Yes / No

If yes, what is their epi pen for? _____

Has your child's allergy/intolerance been medically diagnosed? (please circle) Yes / No

Have you provided proof of this from your child's doctor? (please circle) Yes / No

If you are introducing milk or egg to your child's diet, please give details to what level on the egg/milk ladder your child is on. For example, can your child have cooked milk such as in a cake? Can they have custard, cheese, ice cream or yoghurts? Can they have cake where eggs are present and cooked? Or mayonnaise? Please provide details of this below.

Is your child a vegetarian? (please circle) Yes / No

Does your child eat certain meats? If yes, please write what meat your child does NOT eat.

Are there certain days of the week your child does not eat meat? If yes please write the days they are NOT to eat meat.

Our meat is NOT halal. Does your child eat halal meat only? (please circle) Yes / No

Does your child eat fish? (please circle) Yes / No

Our jelly is vegan and does not contain animal gelatine. Would you like your child to have our jelly? (please circle) Yes / No

Is there any other information you would like us to know regarding your child's dietary needs?

Although we try to cater for everyone, we ask that you are mindful of your child's preferences when ordering their meals. We encourage Parents/Guardians to take the time to sit with their child and go through the menu so your child can decide what he/she would like to eat.

Parent/Guardian Name _____ Relationship to the child _____

Signed _____ Date _____

What happens next? Once this form has been completed and returned to the school office, the Catering Manager will review the form and create a special diets and allergy statement outlining the information given on this form. You will then be required to sign the statement to confirm the information is correct. This form must be filled out every year or as soon as there are any changes to your child's dietary needs. If at any time you would like to discuss your child's dietary needs with the catering manager, please speak to the school office so this can be arranged.