

Special Diets Form - 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)

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

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 a food allergy? If YES, fill in this section. If NO go to Section D.	**Tick if YES**	Please include as much information as possible about your child's food allergy in the space below. For example: ● Can they tolerate products that say '**may contain traces'?** ● Should they avoid all forms of the allergen - or can they tolerate some forms, for example raw, baked or cooked? If possible, please provide a copy of any relevant medical assessment or confirmation
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		

Does your child suffer from a medically diagnosed dietary-related condition? If YES, please provide as much information as possible about your child's condition here.
Does your child have any food intolerances? This may or may not be medically diagnosed. If YES, please provide as much information as possible about your child's condition here.
Does your child need carbohydrate counts?
Do you have any other dietary requirements for example Halal or Vegan?

For office use only:
Name of class or form tutor responsible for helping the student during meals: