

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

