

## Information about my child's special diet

Section A: General details

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						
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

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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	informa	ation as possible about your child's condition here:					
Does your child carry an EpiPen? (Please cir	rcle)	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.

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

Does your child need carbohydrate counts?

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