

Dietary requirement Form



Name: _____

Class: _____

Photo

Allergy/Intolerances, dietary requirements (please tick all which apply).

Does the child use an Epipen (or equivalent)?

Yes

☐

No

☐

Milk

☐

Wheat/gluten

☐

Eggs

☐

Fish

☐

Mustard

☐

Nuts

☐

Soya

☐

Sulphites

☐

Lupin

☐

Peanuts

☐

Sesame seeds

☐

Crustaceans

☐

Molluscs

☐

Celery

☐

Raw egg

☐

Cooked egg

☐

Dairy free

☐

Lactose

☐

No Pork

☐

Vegetarian

☐

Diabetic

☐

Other (Please state:)

Parent/Guardian contact details

Name: _____

Phone Number: _____

Email: _____