

# FOOD ALLERGEN OR INTOLERANCE INFORMATION FORM

DATE..... CLASS..... CHILD'S NAME.....

If your child has a known food allergy or intolerance ( as diagnosed by a medical practitioner ) to any of the following please TICK the relevant box :

	NONE		MOLLUSCS (eg CLAMS, MUSSELS, WHELKS, OYSTERS, SNAILS,SQUID)
	CELERY & CELERIAC		MUSTARD
	CERIALS CONTAINING GLUTEN		NUTS
	CRUSTACEANS (eg PRAWNS, CRAB, LOBSTER, CRAYFISH)		SESAME
	EGGS		SOYBEANS
	FISH		SULPHUR DIOXIDE ( A FOOD ADDITIVE & PRESERVATIVE
	MILK		
	HALAL		VEGETARIAN

Any other dietary requirements please provide in the space below.