## **Food Allergies**



On occasions your child may be asked to taste certain foods in relation to topic work/festivals/celebrations or as part of cook school etc. We would therefore like to obtain information about what foods each child in school <u>CANNO</u>T eat due to allergy / intolerance / religious reasons and ask that you complete the form below. This way will help us to prevent your child being asked to taste anything that he/she should not. We do ask however that only foods that cannot be eaten for medical or religious reasons are listed not items that your child may just have a particular dislike to. Please complete the form below whether or not your there is food that your child must not eat.

Name of Pupil: ....

Class .....

## **Pupil's Food Information**

There is no food my child cannot eat for medical or religious reasons

(Please tick)



## OR

My child must not eat the following foods due to \* Allergy / Intolerance / Religious reasons (\*Please circle as appropriate)

Please provide details of the Allergy / Intolerance/ Religion.

For medical reasons please include symptoms and actions to be taken in case of an emergency:

Once we have received your completed form into the academy office we may be in contact with you to discuss further details such as options for school lunch menus or a medical plan for your child.

Signed: .....Parent / Guardian

Date: .....





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