

SPECIAL DIETARY NEEDS



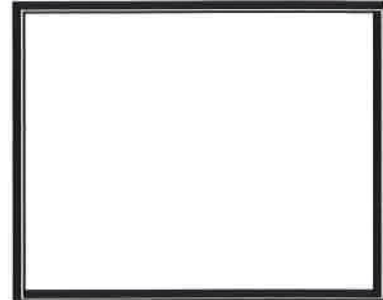
TO BE DISPLAYED IN A PROMINENT POSITION IN THE KITCHEN

ATTACH PHOTOGRAPH OF CHILD IN SPACE BELOW

Childs Name.....

Childs Class.....

Teachers name.....



Contact name in case of an emergency.....

Contact Tel Number in case of an emergency

If applicable, how quickly would the reaction happen?.....

What symptoms would occur?

.....

What treatment or medicines are used?

.....

.....

SPECIAL DIETARY REQUIREMENT

- Coeliac/Gluten free Peanuts Soya Nuts
- Diabetic Vegan Lactose intolerance
- Vegetarian Egg intolerance Other please advice

Types of foods to avoid.....

.....

Individuals preferences.....

.....

Parents/Carers signature.....

Review date annually.....