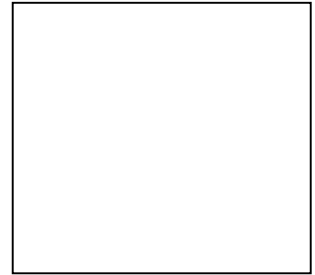




**ALLERGY INFORMATION &
SPECIAL DIETS FORM
NURSERY – YEAR 6**



**COMPLETE THIS FORM TO NOTIFY US OF ANY
MEDICALLY CONFIRMED FOOD ALLERGY OR TO REQUEST A
SPECIAL DIET FOR RELIGIOUS / ETHICAL REASONS.
CHILDREN ALSO COOK AND TASTE DIFFERENT FOODS IN CLASS AND THIS
INFORMATION WILL ALSO BE USED FOR THIS PURPOSE.**

www.myschoollunch.co.uk/surrey provides a full listing of all allergens
included in the current menu.

Child's Name _____

Class _____

Does your child have a significant
or life-threatening food allergy? _____

Does your child have an EPI-PEN? Yes No _____

**'I acknowledge that as the parent of the above named child, I am responsible
for choosing an appropriate school meal for my child, and for keeping the
school up-to-date with any changes to their dietary requirements. I will also
ensure the school has the relevant allergy medication at all times.'**

Parent Signature: _____

Office Signature: _____

Kitchen Signature: _____

Date: _____

OFFICE USE: EPI-PEN on site (held in office / nursery) _____

OFFICE USE: Termly Update: Autumn Spring Summer _____

PTO...

Please tick all boxes that are applicable
My child CANNOT eat foods containing:

- Beef
- Chicken
- Gelatine

- Pork, ham or bacon
- Any meat

PLEASE NOTE: WE DO NOT SERVE HALAL MEAT

- Fish

- Egg
- Traces of egg in other foods

- Cow's milk
- Cow's milk products
- Traces of milk in other foods
- Cheese
- Any dairy
- Any dairy incl. traces

- Nuts
- Traces of nuts in other foods
- Sesame seeds
- Traces of sesame seeds in other foods
- Other seeds – please specify:
- Any nuts or seeds
- Any nuts or seeds incl. traces

- Any food containing Gluten

- Fruit related – please specify:

- Any other allergy – please be as specific as possible and include if traces of the allergen need to also be avoided: