Food Intolerance / Allergy

Name & picture

Child:………………………………………………………………………………………….…….

Details………………………………………………………………………………………………………………..

………………………………………………………………………………………………………………………….

Controlled under guidance from dietitian Yes / No Please provide any paperwork

|  |  |  |
| --- | --- | --- |
| Food | Can eat | Cannot eat |
| Milk |  |  |
| Eggs |  |  |
| Cheese |  |  |
| Butter |  |  |
| Yoghurt |  |  |
| Ice cream |  |  |
| Soya |  |  |
| Fruit |  |  |
| NutsWe are a nut free school |  |  |
| Gluten |  |  |
|  |  |  |

Signature:…………………………………………………………………………. Dated:……………………………………………………………….