

Food allergy/intolerance and dietary requirement form.

Child's Name	School Name	Year Group/Class	Date form issued to the school and to whom	Is this a new form or an updated one?

Please only enter X to indicate yes, your child is allergic to listed item in the list below. Leave blank if not allergic.		Please only enter X to indicate yes, your child is allergic to listed item in the list below. Leave blank if not allergic.	
Celery		Molluscs	
Cereals containing gluten		Mustard	
Crustacea		Nuts	
Eggs		Peanuts	
Fish		Sesame seeds	
Lupin		Soya	
Milk		Sulphur Dioxide	
Other – please state			

Dietary Notes: Please add any intolerances in this section	
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Medical Evidence (if available)	Yes/No	
Acceptable medical evidence enclosed – documentation from a professional medical source i.e., a medical doctor, registered dietitian, nurse or other qualified NHS medical professional.		
Reaction/medication information for school use		
INFORMATION FOR SCHOOL: Please give details of what the symptoms are when exposed to the above declared allergens and intolerances and what level of exposure is required to cause a reaction, e.g., airborne, contact or ingestion		
Is Auto Adrenaline Injector (e.g., EpiPen) required?	Yes	No
If answered yes to the above question, please state clearly which of the allergens this relates to:		
If EpiPen / Medicine is needed who is to be contacted and is it to be kept on site at the school?		

Dietary Requirements:	Please only enter X to indicate yes, your child has a dietary requirement. Leave blank if not a dietary requirement.
Halal – Vegetarian	
Halal – Vegan	
Halal – Pescatarian (Can eat fish)	
Vegetarian	
Vegan	
Pescatarian	
No Beef	
No Pork	

Parent/Guardian details	
Main Contact Name & relation to child	
Main Contact - Phone Number(s) / E-mail address	
Second Contact Name & relation to child	
Second Contact - Phone Number(s) / E-mail address	

Data protection					
I'm happy for my child's allergen information to be passed to Solihull Catering Services to enable them to assist the school in appropriate food provision.					
Parent/Guardian name:		Signature:		Date:	

Office only, send to:	scsdietaryrequirements@solihull.gov.uk
Date:	