

## FOOD ALLERGY/INTOLERANCE REQUEST FORM

**This form should be completed by the parent or guardian of the child/young person.**

We understand that allergies present a serious problem for some people. This form is designed to collect information about our consumers who have a food allergy/intolerance.

Name of child or young person:

**Special requirement/dietary information**

Please indicate all known food allergies or intolerances below:

If Not Applicable                      Please tick

Allergen	Allergy/Intolerance (tick)	Allergen	Allergy/Intolerance (tick)
TreeNut		Lupin (legume – found in flour)	
Soya Bean		Fish	
Sesame		Eggs	
Peanut (legumes)		Crustaceans (shellfish)	
Mustard		Cereal containing gluten	
Molluscs (shells)		Celery	
Milk		Sulphite (food preservative)	

Has this food allergy been medically diagnosed? Please tick:    Yes            No

**If YES, please provide the school with written advice from a doctor or dietician**

**If NO, the parent must provide written evidence from a doctor or dietician to confirm the dietary changes required**

Has the child suffered a severe allergic reaction or anaphylactic shock symptoms in the past?

Please tick:    Yes            No

**Person completing this form:**

Parent/Guardian name:	
Relationship with child/young person:	

.....  
Datum/ Date

.....  
Unterschrift eines Erziehungsberechtigten/  
Signature parent/ guardian