**Food Allergies**

On occasions your child may be asked to taste certain foods in relation to topic work/festivals/celebrations etc. We would therefore like to obtain information about what foods each child in school **CANNOT** eat and ask that you complete the form below. This will help us to prevent your child being asked to taste anything that he/she should not. We do ask, however, that only foods that cannot be eaten for medical or religious reasons are listed – not items that your child may just have a particular dislike to.

Name of Pupil: ………………………………………………………………… Class ………………………

**Pupil’s Food Information**

There is no food my child cannot eat for medical or religious reasons (Please tick)

**OR**

My child must not eat the following foods\* due to Allergy / Intolerance / Religious reasons

(\*Please circle as appropriate)

|  |
| --- |
|  |

Please provide details of the Allergy / Intolerance/ Religion.

For medical reasons please include symptoms and actions to be taken in case of an emergency:

|  |
| --- |
|  |

*Once we have received your completed form into the academy office we may be in contact with you to discuss further details such as options for school lunch menus or a medical plan for your child.*

Signed: ……………………………………………………… Parent / Guardian Date: ……………………………

**While all reasonable precautions will be taken to ensure all products supplied are free from nuts and other allergens, we cannot guarantee this to be the case as products may be subject to external influences which cannot be controlled by the Academy.**