



Food Allergy & Intolerance Form

Please complete, and return to school, if your child has any food allergies or intolerances.

Food Allergy & Intolerance Information

Child's Name	
Date of Birth	

Dietary Requirements

Halal Vegetarian No Nuts No Dairy

Food Allergy

Food Allergic to			
Symptoms			
Does your child have an Epi Pen?	Yes / No	Confirmation from GP?	Yes / No

Food Intolerance

Food Intolerance to			
Symptoms			
Does your child have an Epi Pen?	Yes / No	Confirmation from GP?	Yes / No

Emergency Contact Information

Name	
Relationship to Child	
Contact No's:	
Mobile	
Work	
Home	

Doctors

GP Name	
Tel No.	

Signature: _____ Date: _____