**Beaufront First School**

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| **Nurturing Happiness Achievement and Respect** |

**Food Allergy or Special Dietary Request Form**

If your child has a food allergy or a special dietary request, please complete this form.

Today’s date……………………………………...

Childs Name………………….…………………. Date of Birth …….……. Year Group………

1. **Please specify type of allergen/dietary request:**

Please note: we request that parent/carers supply a medical/dieticians letter to support the special diet requirements as self-diagnosed or personal food preferences are not able to be accommodated.

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| Medical: | e.g. Allergy |  |
| Religious | e.g. Muslim |  |
| Ethical | e.g. Vegetarian |  |

Please print specific details to identify food that your child is not allowed to eat

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| --- | --- | --- |
| Non suitable foods | Likely reaction to food | Suitable or substitute foods |
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Please continue on a separate form if required.

Dietary requirements can change overtime and **it is essential that we are updated of any changes in your child’s requirements as soon as they become relevant.**

Please return this form to Mrs Booth, [admin@beaufront.northumberland.sch.uk](mailto:admin@beaufront.northumberland.sch.uk) in the first instance.

Mrs Booth will then pass the information to Mrs Combe, the catering manager and a copy of this information will also be held in the classroom first aid/ safety file for the information of all teaching staff.

Mrs Combe is happy to discuss any detailed requirements by phone and will contact you for an informal discussion

PTO

1. **Emergency Procedures** Does your child need an Epi Pen? Y **Yes** **No**  **No**

Medical letter attached **Yes No** 

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| Please include any other relevant information for example situations where they have needed an epipen in the past. |

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| **In our “supporting pupils with medical conditions policy”we state that we will hold 2 epipens in school for any child who requires one.** |

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| Please indicate the “in date” information on each epipen below.  Epipen 1\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Epipen 2\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Please keep a note of these dates and replace the epipens when they are out of date. |

Please update us of any relevant information as soon as you are aware of it.

Signature parent/carer……………………………. Print name ………………………………… Date………