

Students with Allergies/Special Diets

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| --- | --- |
| Student Name  |  |
| Form Group  |  |
| Details of Allergy  |  |
| Details of Special Diet |  |
| Evidence Attached  | Yes/No |
| Does your child purchase items from the School Refectory? ***Please delete as necessary.***  | Yes/NoBreak only/Lunch only/bothDaily/occasionally |

**I acknowledge that I must inform the school of any changes or updates to the above information.**

Singed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_