



### Students with Allergies/Special Diets

|   |  |
|---|--|
| Student Name  |  |
| Form Group  |  |
| Details of Allergy  |  |
| Details of Special Diet   |  |
| Evidence Attached   | Yes/No   |
| Does your child purchase items from the School Refectory?<br><i>Please delete as necessary.</i> | Yes/No<br>Break only/Lunch only/both<br>Daily/occasionally |

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

Signed \_\_\_\_\_ Date \_\_\_\_\_

