



Embracing Diversity, Building a Brighter Future Together

**Special Diets Form – Information about my child’s special diet**

Please fill in this form in BLOCK CAPITALS and return it to the school office.

Section A: General details	
Child’s full name	
Class	
Your name	
Your relationship to the child	

Section B: Declaration	
I confirm my child has a food allergy, intolerance or other dietary-related medical condition that needs addressing. The information about my child’s allergy and any related doctor’s or registered dietician medical assessment being provided to the school so they can provide the right alternative for my child.	
Parent/Carer signature	
Date	

Section C: Allergy Details		
Does your child have a food allergy? If YES, fill in this section. If NO go to Section D.	Tick If YES	Please include as much information as possible about your child’s food allergy in the space below. For example: <ul style="list-style-type: none"> <li>• Can they tolerate products that say ‘<u>may contain traces?</u>’</li> <li>• Should they avoid all forms of the allergen – or can they tolerate some forms, for example raw, baked or cooked?</li> </ul> If possible, please provide a copy of any relevant medical assessment or confirmation.
Celery		
Cereals (containing gluten)		
Crustaceans		
Egg		
Milk		
Molluscs		
Fish		
Lupin		
Mustard		
Nuts		

Enquiry – Resilience – Adaptability – Thoughtfulness – Respect – Cooperation – Communication - Morality - International Mindedness



Head Teacher Mr Mike Sibley  
 Deputy Head Mr Steven Capewell  
 Assistant Head Miss Emily Ware  
 boothferry.primary@eastriding.gov.uk  
 www.boothferryprimary.co.uk  
 @boothferryPS



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Section C: Allergy details continued		
	Tick if YES	Extra information
Peanuts		
Sesame Seeds		
Soya		
Sulphur Dioxide (Sulphites)		
Other food allergies. Please provide as much information as possible about your child's condition here:		
Does your child carry an EpiPen? (Please circle)		YES                      NO

Section D: Other dietary-related conditions/requirements?
Does your child suffer from a medically diagnosed dietary-related condition? If YES, please provide as much information as possible about your child's condition here.
Does your child have any food intolerances? This may or may not be medically diagnosed. If YES, please provide as much information as possible about your child's condition here.
Does your child need carbohydrate counts?
Do you have any other dietary requirements, for example, halal or vegan?

For office use only:		
	Date	Signature
Class Teacher informed		
Catering/Lunchtime Staff informed		

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