

PUPIL ALLERGY REQUEST FORM

SIGNED:

We understand that food allergies can present serious difficulties for some of our pupils. This form is designed to collect information about pupils who have allergies so that we can cater for them appropriately. The form should be completed in full by a parent or guardian. If you require support with understanding or completing this form, please contact the school for assistance.

Child's First Name Child's Surname Child's Date of Birth Child's School Year Group Parent/Guardian Name				Parent/Guardian's Phone Number Parent/Guardian's Email School Name School Address School Postcode													
]									
										ERGIES (please ticl	call that	apply):					
										Celery Sesame Crustaceans Eggs		Fish Lupin Milk Molluscs		Mustard Nuts Peanuts		•	:n
Othe	er Allergens																
	Bananas Beans Chickpeas		Tomatoes Coconuts Kiwis		Lentils Pineapples Oranges		Peas Strawberries										
□ o	ther Allergy (pleas	e print b	elow)														
	firm that the infor 's allergy status w					and tha	t any changes in my										

DATE: