**Food Allergy Information Form**

Please complete the details below in BLOCK CAPITALS

When you have completed the form please return it to school reception or by email adminoffice@iscaexeter.co.uk

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Full name of child |  | | Tutor Group |  |
| Does your child have a food allergy?\*  *(please tick box)*  *\* if your child is a coeliac (has a wheat allergy), please tick the ‘Yes’ box.* | | **Yes, my child has a food allergy and**  I have attached a doctor/dietician’s assessment of their condition.  or  I will provide a copy of a doctor/dietician’s assessment of their condition in writing.  Please include as much information as possible specific to your child’s food allergy. Can he/she tolerate products that say **may contain** for example raw / cooked eggs, nuts (types of) and/or peanuts?  *I understand that until I have provided you with the medical assessment my child will receive a restricted diet* | | |
| **No. My child does not have a food allergy.** | | |
| Parent/Guardian name | |  | | |
| Relationship to child | |  | | |
| Contact address | |  | | |
| Contact telephone number | |  | | |
| Emergency contact name | |  | | |
| Emergency contact telephone number | |  | | |
| I hereby consent to details of my child’s allergy mentioned above and any related doctor / dietician’s assessment being provided by the School to Sodexo Limited for the purpose of preparing and providing appropriate meals for my child. | | | | |
| Parent /Guardian Signature | |  | | |
| Date | |  | | |