

Special Diet – Allergy Awareness Form

Please complete this form if your child has an allergy and requires a special diet. Please note that you will also need to complete the attached Special Diet Request form and return this to the School Office.

Child's Name..... Class:.....

Details of allergy
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Has your child been diagnosed with this allergy by a medical practitioner?.....Yes/No

If yes, please advise the approximate date of the diagnosis appointment and by whom.....
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Does your child have an existing care plan?Yes/No

If yes, it is not necessary to complete this form. However please ensure that the existing care plan has been completed and returned with this form to the School Office.

If no, does your child require medication?Yes/No

If yes, will this medication be kept in school?Yes/No

If yes, please complete a Medication Request Form and return this to the School Office.

Please advise what the symptoms of this allergy are:

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Please advise what steps should be taken in the event of your child displaying any symptoms at school.

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