

Dietary and medical needs

Dear parents/carers,

Please can you complete the form below and return to your child’s class teacher or the office.

If you are still to make any payments for the trip then the office will be in touch. All payments for the trip must be made before your child can take part.

Dietary allergens - please tick if your child is allergic to any of the following. This is not to do with if they like them or not. Only tick if they have an allergic reaction to them

Food type	Tick if allergic	Notes - what is the reaction? Is medical help needed?
Celery		
Crustaceans		
Egg		
Fish		
Gluten		
Lupin		
Milk		
Molluscs		
Nuts		
Peanuts		
Sulphur		
Soy bean		
Sesame		
Other		

Dietary Requirements

Halal	
Kosher	
Vegan	
Vegetarian	
Other:	

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Medical Needs

Please provide details if your child has a medical need - including (but not limited to) the following...

Anaphylaxis Asthma Diabetes Epilepsy Sickle Cell Any other medical needs

Medical need:	Details: Any relevant information e.g. Medication, Dosage

SEND (Special Educational Needs/Disability) and Safeguarding

Please provide details of any SEND or Safeguarding requirements that might impact your child's ability to participate in any of the activities.

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Name of child: _____

Parents/careers name: _____

Emergency contact phone: _____

Or

Signed:
