



## NOTIFICATION OF DIETARY REQUIREMENTS/ALLERGIES

CHILDS NAME.....

CLASS .....

MY CHILD HAS THE FOLLOWING **DIETARY REQUIREMENTS**:

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MY CHILD HAS THE FOLLOWING **ALLERGIES (PLEASE CIRCLE)**:

1. HAYFEVER/POLLEN: YES/NO
2. PENICILLIN: YES/NO
3. FOOD (PLEASE SPECIFY WHICH ONES): YES/NO .....
4. ANIMALS (PLEASE SPECIFY WHICH ONES): YES/NO .....
5. PLASTERS: YES/NO
6. ASTHMA: YES/NO

**PLEASE NOTIFY US BELOW OF WHAT TREATMENT IS REQUIRED FOR THE ALLERGIES SPECIFIED:**

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SIGNED: ..... (PARENT/GUARDIAN)

PRINTED: ..... (PARENT/GUARDIAN)

DATE: .....