**DIETARY REQUIREMENTS**

**Child’s Name: ……………………………..…………… (please print)**

**Class: ……....……… Date: ……………..………**

**Please complete the form below to ensure your child only eats according to their dietary requirements. Please note this form is not used for preferences.**

|  |  |  |  |
| --- | --- | --- | --- |
| **MY CHILD MAY EAT:** | **YES / NO** | **MY CHILD MAY EAT** | **YES / NO** |
| **BEEF** |  | **MILK** |  |
| **PORK** |  | **CHEESE** |  |
| **LAMB** |  | **EGGS** |  |
| **CHICKEN** |  | **LEGUMES – beans lentils peas** |  |
| **FISH** |  | **NUTS / SEEDS** |  |

|  |  |
| --- | --- |
| **MY CHILD IS A VEGETARIAN** |  |

**My child has an allergic reaction when they are exposed to/have eaten:-**

|  |
| --- |
| **NB - a note from the doctor will be required to support all food allergies** |

**Signed: ……………………………………….. Parent/Carer**

**Copies: School Cook**

 **School Office**