Student Allergy and Dietary Requirements Form

This form is to be completed by the parent or guardian and is to be discussed with the Head of Kitchen and shared with your child's school. Any changes to dietary requirements must be communicated and a new form submitted. Please ensure medical correspondence is included with your request.

All information will be held in accordance with data security and retention policies. For further information please visit www.vertas.co.uk/privacy-policy

Student Details	
Student Name	
Class & Year Group	
Date of Birth	
Allergens (tick all that apply) ☐ Milk ☐ Egg ☐ Fish ☐ Shellfish ☐ Gluten ☐ Peanut ☐ Tree Nuts ☐ Sesame ☐ Soya ☐ Celery ☐ Mustard ☐ Sulphites ☐ Lupin ☐ Molluscs	Intolerances / Dietary Requirements _____ Severity: ☐ Mild ☐ Moderate ☐ Severe
Insert Photo of Student	Additional Information Emergency Medication: ☐ Yes ☐ No
Alternative Meals / Adjustments Agreed	
Parent / Guardian Signature _____	Date _____
Head of Kitchen _____	School Representative _____