



Breakfast Club

This form must be if your child has a Food Allergen and or Intolerance

Section A – Child's Details

Child's Details		
Child's Full Name		
Child's Date of Birth		
My Child Attends		
Brookfield Infant	Brookfield Junior	Lunsford Primary

Section B - Declaration

I confirm my child has a food allergy, intolerance or other dietary-related medical condition that needs addressing.
The information in this form isn't about my child's food preferences.

Parent/Carer Signature		Please Print Your Name	
Date Form Completed		It is the responsibility of the parent/carers to inform Breakfast Club of any changes.	

Section C – Allergy Details

Does your child have a food allergy? If YES, fill in this section. If NO go to Section D.	Tick if YES	Please include as much information as possible about your child's food allergy in the space below. For example: - Can they tolerate products that say 'may contain traces'? - Should they avoid all forms of the allergen - or can they tolerate some forms, for example raw, baked or cooked? If possible, please provide a copy of any relevant medical assessment or confirmation
Celery		
Cereals (containing gluten)		
Crustaceans		
Egg		
Milk		
Molluscs		
Fish		
Lupin		
Mustard		
Nuts		
Peanuts		
Sesame Seeds		
Soya		
Sulphur Dioxide (Sulphites)		
Other food allergies. Please provide as much information as possible about your child's condition here:		
Does your child carry an EpiPen? (Please circle)		
YES		NO

Section D – Other Dietary-related conditions/requirements?

Does your child suffer from a medically diagnosed dietary-related condition?
If YES, please provide as much information as possible about your child's condition here.

Does your child have any food intolerances? This may or may not be medically diagnosed.
If YES, please provide as much information as possible about your child's condition here.

Does your child need carbohydrate counts?