



Food Allergy and Special Dietary Needs

Please complete the form and return to school if your child(ren) has any special dietary needs. This document will be used by the school, the kitchen staff, and the Lunchtime Supervisors.

Student Name:	Date of Birth:
Grade:	Address:
Emergency contact: 1. _____ 2. _____	

Student detail to Allergy / Hypersensitivity to certain food

Do you have any food allergies?

☐ Yes (*See below*)

☐ No

Please list food(s) and the reaction to certain food

- | | |
|----------|----------|
| 1. _____ | 3. _____ |
| 2. _____ | 4. _____ |

Additional Information:

If yes, is there a doctor's note provided and shared with the school?

☐ Yes

☐ No

Please list medications

- | | |
|----------|----------|
| 1. _____ | 3. _____ |
| 2. _____ | 4. _____ |

Additional Information:



Student special dietary requirements

Please select the option that describes the dietary requirement of your child.

- ☐ Vegetarian, without egg but eat milk products
- ☐ Vegetarian, can eat egg and dairy product but NO meat
- ☐ Egg, Fish, Chicken, NO pork and NO beef
- ☐ Fish, Chicken, Beef, but NO Pork
- ☐ Not applicable/No special diet
- ☐ Other (please specify) _____

Kindly note, the school does offer vegetarian food, not vegan.

We offer food without pork. We do not offer halal food.

I acknowledge that it is my responsibility to inform the school of any changes to my child's dietary requirements. In case my child has a documented food allergy or sensitivity, I must provide the health care signed statement/document at the start of each school year. This form is only valid for the current school year.

Place and date: _____ Signature : _____