



## 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.

All allergies and need(s) for a special diet must be substantiated by a medical certificate.

<b>Learner Full Name:</b>	<b>Class:</b>	<b>Date of Birth:</b>
<b>Emergency contact (if different from parent/guardian):</b>		
1. Name: _____ Email: _____		
2. Name: _____ Email: _____		

### **Learner Allergy/ Dietary Restriction/ Food Hyper-sensitivity**

Does your child have any food allergies? *Please circle:*

- Yes (*Complete table below*)
- No

### **If yes:**

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

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Is there a medical certificate provided and shared with the school? *Please circle:*

- Yes
- No

Please list medications

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

*Additional Information:*

## **Learner Dietary Requirements**

**Please note**, we offer vegetarian food, not vegan. We offer food without pork. We do not offer halal food.

All allergies and need(s) for a special diet must be substantiated by a medical certificate.

Please circle the option that describes the dietary requirement of your child:

- No special diet
- Vegetarian
- NO pork and NO beef
- Other (please specify) \_\_\_\_\_
- Gluten
- Vegetarian, NO egg
- NO Pork
- Lactose
- Vegetarian, NO dairy

I acknowledge that it is my responsibility to inform the school ([international@futuraskolan.se](mailto:international@futuraskolan.se)) along with my child's mentor teacher if my child has:

- any allergies,
- any medications,
- provide updated/valid medications to school leadership
- 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.

### **Guardian/Parent 1:**

Place: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

### **Guardian/Parent 2:**

Place: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_