

Allergens / Food Restrictions

IMPORTANT INFORMATION – PLEASE COMPLETE THE FOLLOWING

Parts A, B and C of this form are to be completed by the primary caregiver of attending students, or by visiting adults in respect of themselves, who have specific dietary requirements due to:

- Food related medical conditions
- Identified food allergies / intolerances
- Food restrictions

For school students, the need for this form to be completed and returned will have been noted in the information provided on the *Medical Information and Consent* form issued by the school. **This form is to be returned directly to the student's school along with other documentation requested by the school.**

A copy of this form will be given to the Birrigai Catering Team who will use the information provided to ensure all specific dietary needs are met.

NOTE: BIRRIGAI IS A NUT FREE ENVIRONMENT

NAME OF STUDENT / INDIVIDUAL

SCHOOL / GROUP

Chapman Primary School - Year 5

DATES ATTENDING BIRRIGAI

Tues 5 - Wed 6 March 2024 - Term 1 | Week 6

Name of person completing form

Signature

Date completed

PART A – FOOD RELATED MEDICAL CONDITIONS

PLEASE PLACE AN [X] WHERE RELEVANT TO INDICATE IF THERE IS AN EXISTING MEDICAL CONDITION.

Medical Condition		Additional Details
Anaphylaxis	Yes <input type="checkbox"/>	
Coeliac	Yes <input type="checkbox"/>	
Diabetic	Yes <input type="checkbox"/>	
Any other food related medical conditions	Yes <input type="checkbox"/>	Please list below
		1.
		2.
		3.

NAME OF STUDENT / INDIVIDUAL

PART B – FOOD ALLERGIES AND ANAPHYLAXIS

Food Item	Allergy / Intolerance	Anaphylaxis	Allergen / Intolerance Details / Other Comments	
Nut Allergy	Yes <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Gluten	Yes <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Dairy	Yes <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Please select milk alternative if appropriate Note: nut-based milk is NOT permitted	<input type="checkbox"/> Lactose Free <input type="checkbox"/> Soy <input type="checkbox"/> Rice <input type="checkbox"/> No alternative
Eggs	Yes <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Sesame	Yes <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Soybean	Yes <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Seafood	Yes <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Any other known foods which may cause an allergic or anaphylactic reaction to the person listed on this form	Yes <input type="checkbox"/> Please list below	Anaphylaxis		
	1.	Yes <input type="checkbox"/> No <input type="checkbox"/>		
	2.	Yes <input type="checkbox"/> No <input type="checkbox"/>		
	3.	Yes <input type="checkbox"/> No <input type="checkbox"/>		

PART C – OTHER FOOD RESTRICTIONS

PLEASE PLACE AN [X] WHERE RELEVANT

FOOD ITEM	CAN THIS FOOD BE EATEN	Other Comments
Beef	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Chicken	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Pork	Yes <input type="checkbox"/> No <input type="checkbox"/>	

DO EITHER OF THE FOLLOWING OPTIONS APPLY?

Vegetarian	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Vegan	Yes <input type="checkbox"/> No <input type="checkbox"/>	