



**Safeguarding children**

**1.16.5 Special dietary needs form**

<b>Name:</b>		<b>DOB:</b>
<b>List all allergies and/or food intolerances:</b>		
<b>Allergies</b>	<b>Intolerances</b>	
<b>Are there any supplements or special foods your child requires?</b> Please give details and any specific instructions below.		
<b>Please can you inform us of any dietary changes in writing each time they occur. We can then update this form.</b>		
<b>Signature:</b>		<b>Date:</b>
<b>Print Name:</b>		

