



Bathampton Primary School
Together on a learning adventure

Special Dietary Requirements and Medical Needs

Please use this form to let us know about food and other allergies, any special dietary requirements, and any medical information we need to be aware of. **It is imperative that we have a completed form for every child, whether or not they have such requirements. Thank you.**

Name of Child

Year Group

FOOD AND OTHER ALLERGIES

Please list anything your child is allergic to (for example, food or insect bites)	What are the symptoms?	What is the best treatment?

SPECIAL DIETARY REQUIREMENTS

Please list any special dietary requirements	<input type="checkbox"/> Vegetarian <input type="checkbox"/> Vegan <input type="checkbox"/> No red meat <input type="checkbox"/> No pork <input type="checkbox"/> No dairy <input type="checkbox"/> No gluten <input type="checkbox"/> No sugar
Please list any other requirements not listed above	

OTHER MEDICAL INFORMATION

Does your child suffer from:

- Other medical condition such as asthma (please complete the pink Asthma forms)
 Travel sickness

OR:

My child has no allergies or special medical or dietary requirements (please tick as appropriate)