Does your child have a DIAGNOSED DIETARY CONDITION we should know about?

Please complete the form below if your child has a diagnosed dietary condition. Thank you. Yours sincerely Anne Bull Headteacher **DIETARY-ALERT!** Child's Name Class **DIETARY CONDITION** Tick if Relevant Allergy to artificial colouring Coeliac Diabetic Egg allergy Gluten allergy Lactose intolerance Dairy intolerance Nut allergy Peanut allergy Seafood allergy Sesame allergy Other.....please specify Symptoms to look out for Action necessary when in an emergency allergic situation

Please indicate if your child is: Vegetarian Yes / No Vegan Yes / No