Appendix B: Allergy and Food Restriction Agreement **NA-009b**

Child's Name: _____ D.O.B _____

Every effort is made to maintain an allergy aware kitchen and environment and while we do our best to accommodate allergies and restrictions, we can only provide substitutions where possible and based on regular ingredients on hand. Where ingredients on hand do not meet the individual dietary needs of a child, or where the risk of cross contamination is great, the meals must be provided by the family and Appendix B-2 completed. A medical note or individual plan/care plan must be provided to outline the allergy or medical condition pertaining to the dietary restriction and for Anaphylactic Allergies an individual plan/care plan must be developed.

[ ] **My child has the following life-threatening anaphylactic allergy**: _____

_____

Plan to meet dietary requirements: _____

_____

[ ] **My child has the following non-life-threatening allergy or food related medical condition**: _____

_____

Plan to meet dietary requirements: _____

_____

My child has the following food restriction: ☐ **Vegetarian**. Please confirm if your child can eat:

Dairy ☐ Yes ☐ No **Eggs** ☐ Yes ☐ No **Chicken** ☐ Yes ☐ No **Beef** ☐ Yes ☐ No **Pork (inc. gelatin)** ☐ Yes ☐ No

Turkey ☐ Yes ☐ No **Lamb** ☐ Yes ☐ No **Fish** ☐ Yes ☐ No **Shellfish** ☐ Yes ☐ No

☐ **Halal** (vegetarian option will be served) ☐ **Gluten Free** (parent to provide all meals)

[ ] **Other**: _____

Plan to meet dietary requirements: _____

_____

If your child's dietary needs change, then a new medical note and applicable forms must be completed as follows:

- Changes to an anaphylactic allergy requires an updated medical note and individual action/care plan.
- Changes to a non-life-threatening allergy requires an updated medical note and this form re-completing.
- Any changes to your child's other dietary needs requires an update in writing and this form recompleting,

I have read the above Policy in full and fully understand the procedures outlined within.

Parent's Signature: _____ **Date:** _____

[ ] Medical note or individual plan/care plan received for allergy or food related medical condition

[ ] Individual plan/care plan received and reviewed for anaphylactic allergies or medical conditions

[ ] Medication forms completed and medication on site

Director's Signature: _____ Date: _____

Cook's Signature: _____ Date: _____

Copy to: ☐ Child's file ☐ Kitchen ☐ Classroom