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This form is to be completed by the parent or guardian and is to be discussed with the Head of Kitchen and shared with the school office at your child's school, any changes to dietary requirements must be communicated and a new form submitted. Please ensure medical correspondence is included with your request.

All information will be held in accordance with data security and retention policies. For further information please visit <https://www.vertas.co.uk/privacy-policy/>

| Pupil Details | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Name of Student: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Class & Year Group: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p style="text-align: center;">Allergens: <i>(please tick all that apply)</i></p> <table style="width: 100%; text-align: center;"> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> |  |  |  |  |  |  |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |  |  |  |  |  |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <p>Intolerances: <i>(please list below)</i></p> |
|  |  |  |  |  |  |  | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | |
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| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | |
| <p style="text-align: center;">Insert Photo of Child</p> <div style="border: 1px solid black; height: 200px; width: 100%;"></div> | <p>Any other information: <i>(please detail below)</i></p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Alternative Dishes Agreed | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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