



# OAKLANDS CATHOLIC SCHOOL AND SIXTH FORM COLLEGE

## Dietary Requirements Form

Dietary requirements may relate to religious needs, specific dietary needs related to a diagnosed medical condition and / or food allergies.

It does not relate to food 'fads' or foods that a child does not like to eat.

<b>Name of student</b>	
<b>Tutor group</b>	
<b>Special dietary requirement</b>	

**Please complete the appropriate sections as necessary**

Does your child have a dietary requirement? **YES / NO**

If you have circled **YES** please answer the following questions:

**Which of these apply?**

<b>Allergy</b>	<b>Yes/No</b>	<b>PLEASE PROVIDE MORE DETAIL OF ALLERGIES ON PAGE 2</b>
Dairy free		
Egg free		
Wheat free		
Gluten free		
Nut free		
Diabetes		
Coeliac disease		
Other (please specify)		

**Any other requirements? Please give details**

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Foodstuff	Can be eaten?	Can be touched?	Can be in the room?	Possible symptoms of reaction	Action to be taken
Eggs					
Cow's milk & products					
Tree Nuts					
Peanuts					
Sesame seeds					
Wheat					
Gluten					
Shellfish					
Fish					
Soya					
Vegetables Please specify					
Fruit Please specify					
Pulses Please specify					
Other Please specify					

### Religious Needs

Does your child have a **religious need** that may require modified food products? **YES / NO**

Please indicate which products require substitution / omission .....

Please provide further information that would be helpful .....

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### Parent/Carer Signature

Signed: ..... Name .....

Date: .....

The information collected on this form will be shared with school staff and, if required, with medical personnel. Please refer to our Privacy Statement : <https://www.oaklandscatholicschool.org/about-us/privacy-notice/>