

## Food Allergy Information Form

(to be completed for each child/young person under the age of 16 by their parent/guardian)

Dear Parent/Guardian

You will be aware that food allergies are a growing concern in educational establishments throughout the UK and Ireland. Individuals who are affected with a food allergy may suffer a severe or even life threatening reaction if they eat, or in some cases, simply come into contact with a food or ingredient that they are allergic to.

The health and safety of your child/young person is our number one priority. We need your help to ensure we continue to provide a safe environment for your child/young person during meal times by completing and returning the Food Allergy Information Form in full **at least 3 weeks before the start of the new term.**

If your child/young person has a food allergy, we will need to share information about their food allergy with the company that provides catering services for us, Sodexo Limited. We will only provide Sodexo with the information that is necessary for your child/young person to receive a meal appropriate for their dietary needs.

Sodexo will hold this information confidentially, and it will be used by their dieticians to determine which type of menu is appropriate for your child/young person's dietary needs. The information shall not be used for any other purpose.

Yours faithfully

Elan Davies  
Headteacher

Please complete the details below in BLOCK CAPITALS

When you have completed the form please return it to Ysgol Dyffryn Conwy, Nebo Road, Llanrwst.

By e-mail to: cyff@dyffrynconwy.conwy.sch.uk

Full name of child/young person	
Class or form	
Does your child have a food allergy?* <i>(please tick box)</i>	<input type="checkbox"/> Yes, my child/young person has a food allergy and I have attached or will provide you with a doctor/dietician's assessment of their condition in writing.  Please include as much information as possible specific to your child's food allergy. Can he/she tolerate products that say <b>may contain</b> for example raw / cooked eggs, nuts (types of) and/or peanuts  <i>I understand that until I have provided you with the medical assessment my child/young person will receive a restricted diet</i>
<i>* if your child is a coeliac (has a wheat allergy), please tick the 'Yes' box.</i>	<input type="checkbox"/> No. My child/young person does not have a food allergy.
Parent/Guardian name	
Relationship to child/young person	
Contact address	
Contact telephone number	
Emergency contact name	
Emergency contact telephone number	
Parent/Guardian signature	I hereby consent to details of my child's / young person's allergy mentioned above and any related doctor / dietician's assessment being provided by the School to Sodexo Limited for the purpose of preparing and providing appropriate meals for my child / young person.
Date	