

FOOD ALLERGY AND DIETARY REQUIREMENTS

The information required on the attached form is also a recommendation of the Department of Education and Training. This is to be updated annually and/or whenever there are any changes to your child's allergy or dietary requirements as a matter of urgency.

NB If your child does not have any allergies or dietary requirements, the form is still to be completed by signing, dating and returning the form **marked with NOT APPLICABLE in all sections**.

When asked for information, please be **very specific in answering** e.g.

- If your child can not eat whole eggs but can have in foods such as cakes containing eggs
- If your child cannot have fresh tomatoes but can have cooked tomatoes, tomato sauce or pasta sauces
- If your child can not drink cows milk but can have cows milk in cooking & they are only to drink soy milk
- If your child cannot have peanuts/tree nuts, but can have biscuits with traces of nuts e.g. Salada's, Savoy's, sweet biscuits

We also need to know the **signs and symptoms** of any allergies however mild or severe (whether this is due to a food product or a bee sting or creams). An Allergy Action Plan will then be asked to be completed and signed by your medical practitioner. Also an Eczema Care Plan or Action Plan may also be required for ongoing treatment by staff at the service.

If your child has asthma, an Asthma Action Plan will be required to be completed.

If there are other dietary requirements, as in a preference or cultural and not an allergy, please make this clear on the attached form. In this case an Allergy Action Plan will not be required to be completed.

When asked for information, please be **very specific in answering**. **If your child does not have** any allergies or dietary requirements, the form will still need to be completed by signing, dating and returning the form **marked with NOT APPLICABLE**.

If you have any queries regarding this information, please speak with the Director ASAP.

Please complete the attached form and return to the office



Whitehorse Early Learning Services



Please be **very specific** in answering. If your child **does not** have any allergies or dietary requirements mark with **NOT APPLICABLE**.

Childs Name					
Days attending (please circle)	Mon	Tue	Wed	Thu	Fri

ALLERGY/DIETARY INFORMATION		
Allergens to Avoid <small>(e.g Dairy)</small>	Food <small>(e.g. Cow's milk to drink/cheese/ yoghurt)</small>	Specific Details <small>(include quantity and form e.g. tablespoon, half cup, raw, cooked, traces of)</small>

DOCTOR SIGNATURE & STAMP		
NB If provider has no stamp, supply Medical Practitioners business card		
Doctor's Name:	Doctor's Signature:	Date:

OTHER DIETARY REQUIREMENTS
<small>(such as food NOT to be given e.g. cultural)</small>

Parent/Guardian Consent	Received by staff and processed accordingly
Parent/Guardian Name:	Staff name:
Parent/Guardian Signature:	Staff Signature:
Date:	Date: