

CHILTERN NURSERY & TRAINING COLLEGE  
**SPECIAL DIETARY NEEDS FORM**

Child's name:

Department:

Nursery room:

Days child attends:

Please give details of any food or drink allergies that your child has:

Please give a detailed list of any food or drink that your child can not have:

Please give details of the type of reaction or symptoms that your child displays if any of the above items are consumed:

In the unlikely case that your child consumes any of these items please give details of any treatment that should be given:

To ensure that all members of staff who come into contact with your child are aware of his/her allergies/dietary needs we would like to display a brief summary of them in a discreet place in their room. Please would you sign to confirm that you are happy for the nursery staff to do this? We also ask your permission for relevant information from this form to be shared with kitchen staff responsible for food preparation.

I confirm that I give permission for (Child's Name):

Dietary needs/ allergies to be displayed in a discreet place in their room and also for relevant information from this form be shared with kitchen staff responsible for food preparation.

Parent's signature:

Date:

Parent's name: (please print):

I confirm that I will keep the nursery staff informed if any of the needs or allergies detailed on this form change or are no longer applicable.

Parent's signature:

Date:

Parent's name: (please print):

#### **Data Protection**

The information contained on this form will be used solely for the purpose of identifying dietary needs and sharing information with staff to enable them to care for your child effectively. It will be stored either on paper records or a computer system in accordance with the Data Protection Act 1998. This form will be destroyed as soon as it is no longer required in accordance with the most up to date guidance for good practice provided by our registering body OFSTED.

**Reviewed October 2014**