



**Would you please complete the form below so that we may update our records regarding any allergies/food intolerance that your child/children may have**

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<b>Name</b>	<b>Class</b>	<b>Allergy / Food Intolerance</b>

**ANY OTHER COMMENTS**

Parents/Carers Name: \_\_\_\_\_

Signed: \_\_\_\_\_

Dated: \_\_\_\_\_