Early Years Insights

Inspire. Support. Grow.

FOOD & ALLERGY INFORMATION FORM

Keeping children safe, healthy and well

CHILD DETAILS

Child's Full Name: _____ Date of Birth: _____

Room / Group: _____ Start Date: _____

1. DIETARY REQUIREMENTS

Does your child have any dietary requirements? ☐ Yes ☐ No

If yes, please give details:

_____

_____

_____

Diet type (tick all that apply):

☐ Vegetarian ☐ Vegan ☐ Halal ☐ Kosher

☐ Gluten Free ☐ Dairy Free ☐ Other _____

Likes / Dislikes / Cultural or Religious Considerations:

_____

_____

2. ALLERGY INFORMATION

Does your child have any allergies? ☐ Yes ☐ No

If yes, please complete the details below.

Allergy (e.g. nuts, milk, eggs)	Reaction (e.g. rash, swelling, breathing difficulty)	Severity Mild Moderate Severe	Tick if EpiPen required
		☐ ☐ ☐	☐
		☐ ☐ ☐	☐
		☐ ☐ ☐	☐
		☐ ☐ ☐	☐

Any other important information:

_____

_____

3. MEDICAL INFORMATION

Does your child have any medical conditions that may affect eating or require special care? ☐ Yes ☐ No

If yes, please give details:

_____

_____

Medication required (e.g. EpiPen, antihistamine): _____

Dosage: _____

Stored where? _____

Prescribed by (Doctor / Specialist): _____

Any special instructions:

_____

_____

4. EMERGENCY ACTION PLAN

What action should be taken in the event of an allergic reaction?

_____

_____

_____

Emergency contact name (if different from main contact):

_____

Emergency contact number: _____

If your child requires an EpiPen:

- Please provide a current EpiPen labelled with your child's name.
- Ensure EpiPen is in date and replace when expired.

5. PARENT / CARER CONTACT & CONSENT

Parent / Carer Name: _____

Relationship to Child: _____

Phone Number: _____

Email Address: _____

I confirm that the information provided is accurate and up to date.

Signature: _____

Date: _____

We are committed to keeping your child safe. This information will be shared with all relevant staff involved in your child's care, including during meals anels outings.

Please inform us immediately of any changes to your child's dietary needs, allergies or medical information.

Thank you for helping us care for your child.