

Linden Primary School - Allergen Information Record



Child's Full Name

Year Group

Please select ONE option:

My child eats meat My child is pescetarian

My child is vegetarian My child is vegan

Please select ONE option:

My child DOES NOT have any food allergies / intolerances/severe food allergies

My child has a food allergy/intolerance/severe food allergy **Please give further details below.**

Tree Nuts incl. almonds; hazelnuts; walnuts; brazil nuts; cashews; pecans; pistachios; macadamia nuts

Nature of reaction: Mild Moderate Severe

Allergy Trigger: Ingestion Contact Inhalation

Medical treatment required.....

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Soy Beans

Nature of reaction: Mild Moderate Severe

Allergy Trigger: Ingestion Contact Inhalation

Medical treatment required.....

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Sesame Seeds

Nature of reaction: Mild Moderate Severe

Allergy Trigger: Ingestion Contact Inhalation

Medical treatment required.....

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Peanuts (legumes)

Nature of reaction: Mild Moderate Severe

Allergy Trigger: Ingestion Contact Inhalation

Medical treatment required.....

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Molluscs (shells)

Nature of reaction: Mild Moderate Severe

Allergy Trigger: Ingestion Contact Inhalation

Medical treatment required.....

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Milk

Nature of reaction: Mild Moderate Severe

Allergy Trigger: Ingestion Contact Inhalation

Medical treatment required.....

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Lupin (legume, found in flour)

Nature of reaction: Mild Moderate Severe

Allergy Trigger: Ingestion Contact Inhalation

Medical treatment required.....

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Fish

Nature of reaction: Mild Moderate Severe

Allergy Trigger: Ingestion Contact Inhalation

Medical treatment required.....

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Egg

Nature of reaction: Mild Moderate Severe

Allergy Trigger: Ingestion Contact Inhalation

Medical treatment required.....

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Shellfish

Nature of reaction: Mild Moderate Severe

Allergy Trigger: Ingestion Contact Inhalation

Medical treatment required.....

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Cereal containing gluten, including wheat, rye, barley and oats

Nature of reaction: Mild Moderate Severe

Allergy Trigger: Ingestion Contact Inhalation

Medical treatment required.....

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Celery

Nature of reaction: Mild Moderate Severe

Allergy Trigger: Ingestion Contact Inhalation

Medical treatment required.....

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Other (please name)

Nature of reaction: Mild Moderate Severe

Allergy Trigger: Ingestion Contact Inhalation

Medical treatment required.....

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Please provide any additional information which may be relevant to your child's allergy or medical treatment

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- I understand that I must immediately notify the school in writing if there are any changes to the information provided on this form.
- I agree and understand that the medical information contained in this form may be shared with individuals concerned with the care and education of my child.

Parent / Carer Name:

Parent / Carer Signature:

Date: