

Holsworthy Primary School Wild Tribe

Dietary Requirements Form

Please photocopy this form if you require more than one. One form for each child

Name:
Pupil/Student/Staff (Delete as applicable)
Class teacher and year group:
Date of form completion:
Please list food related allergies: (Please give as many details as possible i.e. (if you have an egg allergy, can eggs be used as an ingredient?))
If specially made foods are provided on prescription, please ensure the relevant items are supplied.
Please list foods to be avoided: (for medical or religious purposes)
Please list any additional medical needs or requirements (Diabetes, asthmatic etc.)
Please indicate if you are happy for the Wild Tribe Practitioner to: Administer First Aid..... Yes/No Take photos or video of your child participating in Wild Tribe Activities.....Yes/No (These may be shared on the school website). Please make sure pupils have their own sun cream/insect repellent during the summer and autumn months and know how to use it.

This form will be shredded after the end of the year

Please return all Dietary Requirement forms to school before the start of term