**Allergens / Food Restrictions**

**IMPORTANT INFORMATION – PLEASE COMPLETE THE FOLLOWING**

Parts A, B and C of this form are to be completed by the primary caregiver of attending students, or by visiting adults in respect of themselves, who have specific dietary requirements due to:

* Food related medical conditions
* Identified food allergies
* Food restrictions

For school students, the need for this form to be completed and returned will have been noted in the information provided on the *Medical Information and Consent* form issued by the school. **This form is to be returned directly to the student’s school along with other documentation requested by the school.**

A copy of this form will be given to the Birrigai Catering Team who will use the information provided to ensure all specific dietary needs are met.

**NOTE: BIRRIGAI IS A NUT FREE ENVIRONMENT**

|  |  |
| --- | --- |
| **NAME OF STUDENT / INDIVIDUAL** |  |
|  |  |
| **SCHOOL / GROUP** |  |
|  |  |
| **DATES ATTENDING BIRRIGAI** |  |

|  |  |
| --- | --- |
| **Name of person completing form** |  |
|  |  |
| **Signature** |  |
|  |  |
| **Date completed** |  |

**PART A – FOOD RELATED MEDICAL CONDITIONS**

**PLEASE PLACE AN [X] WHERE RELEVANT TO INDICATE IF THERE IS AN EXISTING MEDICAL CONDITION.**

|  |  |  |
| --- | --- | --- |
| **Medical Condition** | | **Additional Details** |
| **Anaphylaxis** | **Yes** |  |
| **Coeliac** | **Yes** |  |
| **Diabetic** | **Yes** |  |
| **Any other food related medical conditions** | **Yes** | **Please list below** |
| **1.** |
| **2.** |
| **3.** |

**PART B – FOOD ALLERGIES AND ANAPHYLAXIS**

| **Food Item** | **Allergy** | **Anaphylaxis** | **Allergen Details / Other Comments** | |
| --- | --- | --- | --- | --- |
| **Nut Allergy** | **Yes** | **Yes  No** |  | |
| **Gluten** | **Yes** | **Yes  No** |  | |
| **Dairy** | **Yes** | **Yes  No** | **Please select milk alternative if appropriate**  **Note: nut-based milk is NOT permitted** | **Lactose Free  Soy**  **Rice**  **No alternative** |
| **Eggs** | **Yes** | **Yes  No** |  | |
| **Sesame** | **Yes** | **Yes  No** |  | |
| **Soybean** | **Yes** | **Yes  No** |  | |
| **Seafood** | **Yes** | **Yes  No** |  | |
| **Any other known foods which may cause an allergic or anaphylactic reaction to the person listed on this form** | **Yes  Please list below** | | **Anaphylaxis** | |
| **1.** | | **Yes  No** | |
| **2.** | | **Yes  No** | |
| **3.** | | **Yes  No** | |

**PART C – OTHER FOOD RESTRICTIONS**

**PLEASE PLACE AN [X] WHERE RELEVANT**

|  |  |  |
| --- | --- | --- |
| **FOOD ITEM** | **CAN THIS FOOD BE EATEN** | **Other Comments** |
| **Beef** | **Yes  No** |  |
| **Chicken** | **Yes  No** |  |
| **Pork** | **Yes  No** |  |

**DO EITHER OF THE FOLLOWING OPTIONS APPLY?**

|  |  |  |
| --- | --- | --- |
| **Vegetarian** | **Yes  No** |  |
| **Vegan** | **Yes  No** |  |