**National Allergy Council**

**Food allergy record template - Children’s Education and Care (CEC) services**

Child’s Name: Date of Birth:

Parent/Guardian Names:

Address:

Postcode:

Phone (H): (W): Mobile:

**Dietary information**

1. What food/s is your child allergic to?

2. What alternative foods can your child consume? *(e.g. soy milk for milk [dairy] allergy)*

3. Does your child have any other special dietary needs? *(e.g. food intolerances, vegetarian, cultural)*

4. Are there particular products\*, brands\* of products that your child eats regularly? *(\*staff must check the product label for food allergens every time, even if the product is recommended by the parent)*

5. Who will provide the following foods for your child while in care?

Snacks: [ ]  Parent [ ]  CEC service

Lunch: [ ]  Parent [ ]  CEC service

Drinks: [ ]  Parent [ ]  CEC service

Treats *(e.g. cupcakes to celebrate birthdays)*: [ ]  Parent [ ]  CEC service

6. Who will provide food for your child for special activities? *(e.g. parties, food experience activities, such as cooking; excursions)*

Parent/Guardian Signature: Date: