



Food Allergies/preferences sheet

Childs Name..... D.O.B.....

Any known allergies to food stuffs?	Foods to be avoided?
Any history of allergic reactions, symptoms and treatment?	Any other parental preferences. Details of any foods prohibited by your family beliefs or religion?

In the event of my child suffering any allergic reaction I consent to my child being given Piriton. I understand that I will receive a telephone call from First Steps if this course of action is necessary.

Parents signature..... Date.....