Dietary Requirement information

Child Name: Date of birth:

Days they attend nursery:

In the interest of keeping your children safe, happy and fed at nursery we would appreciate some more information on your children’s dietary requirements. Even if their allergies or preferences have not changed since joining us, could you please still fill out this form and give us as much information as possible. Our kitchen staff are always happy to work with you and accommodate your children’s needs, including those due to religious reasons.

Thank you.

Definitions:-

Vegetarian: NO Meat, NO Fish, Can eat dairy and eggs.

Pescatarian: NO Meat, Can eat Fish, Can eat Dairy and Eggs.

Vegan: NO Meat, NO Fish, NO Dairy, NO Eggs, NO Animal Products.

Allergy/ Intolerance: Any food or drink allergy or intolerance your child may have. If it is severe allergy or requires your child to have medication please talk to staff to give more information.

Religious: Please let us know if your child doesn’t eat a certain food (E.G Pork or Beef) for religious reasons.

Other: Any other dietary preferences. To be filled out in question 12.

Please tick your answers.

1. Is your child a Vegetarian?

Yes No

1. Is your child a Pescatarian?

Yes No

1. Is your child a Vegan?

Yes  No

1. Does your child have an allergy or intolerance?

Yes No

If YES is ticked for question 4 please answer the following questions, if NO is ticked please move on to question 10.

1. What is your child’s allergy or intolerance? Please tick all that apply.

Nuts Dairy Eggs  Gluten



Celery Soya Other

Please give more information:

1. Is it an allergy or intolerance?

Allergy Intolerance

1. Does your child require any medication for their allergy or intolerance? E.G EpiPen

Yes No

If yes is ticked please give more information.

1. How severe is their reaction?

Shape, rectangle

Description automatically generatedPlease explain

1. If your child has an allergy, intolerance or dietary requirement, please confirm if they can eat the item cooked in to food.

Yes No

If yes is ticked, please explain and give examples.

1. Does your child have a dietary requirement for religious reasons?

Yes  No

If yes is ticked, please specify

1. If your child has a religious dietary requirement please confirm if they can not eat the following-

Please tick the items they can not eat.

Fish Egg Dairy

Chicken Beef Pork

1. Is there any other information you would like us to know about your child’s dietary requirement or eating habits?

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Description automatically generated]()I agree that to the best of my knowledge the information on this form is

correct at the time of signing.

I agree to update the nursery on any changes regarding my child’s dietary requirements.

Parents Name:

Parents Signature: Date:

Nursery Manger Signature: Date: