



NEW ENROLMENT

Food Allergy/Intolerance Supplementary Information

Student Name

Surname

DOB

Year Level

Please take a few moments to complete the table below regarding any food allergies and/or intolerances that your child may currently be experiencing, on a day-to-day basis. This information will assist Dale Christian College during those occasions where food plays a part of their school day. This may include (but not limited to):

- ❖ Hands on activities included in learning experience eg:
 - Use of egg cartons for art/construction
 - Cooking as part of Literacy (Recipe Genre) and Maths (Measurement)
 - Excursions where food tasting plays a part of cultural exchange
 - Hospitality Elective
- ❖ Canteen
- ❖ Special Celebrations
- ❖ Camps/Special Activity Days
- ❖ Excursions/Incursions/Swimming/Sports Carnivals

Please be certain to note the food type and the level of severity to assist us to keep your child safe. If your child has more than one food that causes concern, please list them individually.

Allergy/Intolerance List

Food	Allergy or Intolerance	Anaphylaxis	Medication	Explanations
<i>Example: Eggs</i>	<i>Sever Allergy</i>	<i>Yes</i>	<i>EpiPen</i>	<i>Taste or touch causes reaction</i>
<i>Example: Milk</i>	<i>Mild Intolerance</i>	<i>No</i>	<i>Nil</i>	<i>Causes gas & occasional diarrhea</i>

Please remember to keep the College updated with any developments with respect to either inclusion of additional allergies/intolerances together with the exclusion of those that have been overcome, over time.

1. I understand that completing this form does not guarantee a secure place at Dale Christian College
2. The above is a true and correct representation of the information to hand, at the time of signing
3. Should my child secure a firm place at Dale Christian College, I will advise the College and supply updated information in good timing

Parent/Guardian Name

Parent/Guardian Name

Parent/Guardian Signature

Parent/Guardian Signature

Date

Date