



Stephanie Alexander Kitchen Garden Program

Allergies, Food Intolerances and Special Dietary Requirements Form (2025)

Please complete even if your child has **NO** known allergies, food intolerances or special dietary requirements.

Student's Name: _____ Class: _____

ALLERGIES

Known Allergies

YES (Please supply the Action Plan for Allergic Reactions signed by your child's medical practitioner) **NO**

Please give details: _____

FOOD INTOLERANCES

Known Food Intolerances

YES (Please supply a written note signed by your child's medical practitioner) **NO**

Please give details: _____

SPECIAL DIETARY REQUIREMENTS

Special Dietary Requirements (e.g. religious reasons, vegetarian)

YES (Please supply a written note signed by parents/guardians) **NO**

Please give details: _____

Please return this form to the office by **Thursday 10th October, 2024**.

Parent/Guardian: _____ (please print name)

Parent's Signature: _____ Date: _____