School Meals

Allergies and Intolerances – Notification Form 2026/7

The school is committed to providing quality meals for all children, including those who have special dietary requirements. If your child has any special dietary needs, please complete this form and return it to the school office.

An allergy is an immune system response to a substance known as an Allergen. For example, allergens can be food, insects, medication or plants. A food intolerance is an unpleasant digestive response to a food.

If you need to check or amend the information at any time, please do not hesitate to contact the school office.

Please provide as much detail as possible when completing the form. After receiving the completed form, our Kitchen Manager may contact you to discuss your child's dietary needs in more detail and to provide information about our school menu to support your child's dietary needs. Another member of staff may also contact you to discuss an Individual Healthcare Plan for Allergies.

Information on the food allergens in our menu can be found on our school website - https://www.abhps.com/school-meals/ or a paper copy can be requested from the school office.

CHILD'S DETAILS			
Child's Full Name:			
Date of Birth:			Male / Female * (please delete as appropriate)
Year Group:		Class:	

Allergy / Intolerance: (please tick one of the following as applicable)

My child has a food allergy and has an Allergy Action Plan (AAP) provided by a medical professional	
My child has a food allergy but does not have an AAP	
My child has a food intolerance and does not require an AAP	

IMPORTANT: If your child has an Allergy Action Plan, please attach a copy to this form on return.

My child's Allery / Intolerance is to the following allergen/s:

Celery		Cereals containing Gluten (e.g. wheat, rye, barley, and oats)	
Crustaceans (including prawns, crabs and lobsters)		Eggs	
Fish		Lupin	
Milk (or Dairy)		Molluscs (e.g. mussels and oysters)	
Mustard		Peanuts	
Sesame		Soya	
Sulphur Dioxide and Sulphites		Tree Nuts (e.g. almonds, hazelnuts, walnuts, brazil nuts, cashews, pecans, pistachios, macadamia nuts)	
Other Allergy / Intolerance (please specify):			

Please turn over and complete Page 2

What is your child's reaction to the allergen(s)? Please give as much information as possible.	
What treatment should be provided if your child is exposed to the allergen?	
If a modified diet is required, please provide details:	
If the allergen is food, what would be the reaction if they:	
Touch the food	
Ingest the food	
Ate items processed in the same factory as the allergen	

Does your child have medication **prescribed by a GP** for their allergy?

Yes	
No	

If yes, what medication do they have:

Adrenaline Auto-Injector (e.g. EpiPen or Jetx Pen)	
Antihistamine (liquid of tablet)	
Other Medication (please give details at the bottom of the form)	

If your child has an allergy (with an Allergy Action Plan), a member of staff will contact you to complete an Individual Heathcare Plan for Allergies. This form will provide us with more details about your child's allergy and how we can best support them in school.

Adrenaline Auto-Injectors

The school holds a supply of Adrenaline Auto-Injectors (AAIs) in case of an emergency or if your child's own medication fails however, if your child has an AAI prescribed to them, we do expect you to provide us with 2 that can be kept in their classroom emergency grab bag for them to use if needed. If you have not already arranged for medication to be provided, please do so as soon as possible and hand into the school office / Welfare Room.

If we have further questions about this allergy, how can we contact you?

PARENT/CARER DETAILS	
Contact Name:	
Mobile Phone Number:	
Email Address:	

Please turn over and complete Page 2