















Please take a look at the Allergy Sheet and tick any that your child may have, then sign below.

 Celery <input type="checkbox"/>	 Cereals Containing gluten <input type="checkbox"/>	 Crustaceans <input type="checkbox"/>	 Eggs <input type="checkbox"/>	 Fish <input type="checkbox"/>
 Lupin <input type="checkbox"/>	 Milk <input type="checkbox"/>	 Mollusc <input type="checkbox"/>	 Mustard <input type="checkbox"/>	 Nuts <input type="checkbox"/>
 Peanuts <input type="checkbox"/>	 Sesame seeds <input type="checkbox"/>	 Soya <input type="checkbox"/>	 Sulphur Dioxide <input type="checkbox"/>	<b>TICK THE ALLERGENS WHICH ARE IN THE DISH</b> <input checked="" type="checkbox"/>

I confirm that I have checked the allergy sheet and ticked accordingly.

Parent/Guardian..... Date .....