

Special Dietary Needs Form

Privacy Statement

The information requested by Council on this form may constitute personal information under the Privacy and Personal Information Protection Act 1998. Council is allowed to collect the information from you to consider this matter. Supplying this information is voluntary. However if you cannot or do not wish to provide the information, we may not be able to consider the matter. If you need further details, please contact the Privacy Officer, Campbelltown City Council, cnr Queen and Broughton Streets, Campbelltown. Please note that information provided may be shared with Department of Education (DEC), the Police, other relevant agencies and educators in accordance with applicable legislation.

Service name: _____ Child's name: _____

Attendance: Monday Tuesday Wednesday Thursday Friday

Dear Parent/caregiver

From information you have given on enrolment it has been noted that your child has:

Food allergy Food intolerance Food your child cannot eat

Listed below is an example of groups of food served at the service. Please identify whether products such as these **cannot** be offered to your child. Staff can advise the brand used at the time.

Breakfast Cereals		Biscuits		Milk Based Products		Fresh Produce		Other	
Rice bubbles		Savoury type – Jatz, Sao, Cruskits		Milk		Eggs		Breads: Wholemeal, White	
Cheerios		Plain – Milk, Scotch Finger, Wheatmeal		Cheese		Vegetables – eg tomato		Crumpets, muffins	
Corn flakes		Flavoured – Shapes, Nabisco		Yoghurt		Fruits eg kiwi fruit		Cake	
Nutrigrain		Sweet – Wafer Creams, Shortbread		Instant Puddings		Deli products		Sesame products	
Weet Bix		Rice Cakes		Ice cream		Fresh herbs		Soy products	
Sultana Bran				Cream – sour, thickened		Meat			
Please list below any other products not listed that your child cannot eat or be given at the service. (Please attach a separate page if you need more space.)						Poultry			
						Fish			

Please list all the produce brand substitutes that you use to support your child's food requirements. **(Please attach a separate page if you need more space.)**

Is your child **able to** consume packaged food that the label identifies "may contain traces of. . ."

Nuts Egg Milk Other: Yes No

Is the food able to be eaten if it is cooked? (In some foods the process of cooking breaks down the lactose.) Yes No

Please give details:

Is the food able to be eaten in small amounts eg egg on its own is not acceptable, but cooked in a cake is acceptable. Yes No

Please give details:

Please indicate the severity of your child's allergy to the food identified as a whole product (ie the food such as an egg sandwich).

Severe Moderate Mild

Does your child require an adrenaline auto injector to be administered? Yes No

If yes, please attach an action plan from your doctor.

Is there anything else we should know about your child's special dietary needs?

Parent's name		Parent's signature		Date	
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DATA AND DOCUMENT CONTROL