



LENZIE MEADOW PRIMARY SCHOOL
ALLERGY/DIETARY QUESTIONNAIRE
NEW P1 INTAKE



Pupil Name _____ **Class** _____

If your child has been diagnosed with an allergy please indicate what your child is allergic to:-

Peanuts

Eggs

Milk/Dairy

Fish/Shellfish

Fruit

Tree nuts (walnuts, pecans etc)

Soy

Latex

Insect Stings

Other _____

Does your child take any medication prescribed by your doctor for their allergy? If so please ensure medication is given to the school office before or on first day, a long term medical form will also have to be completed.

Does your child have any other dietary conditions that we should be aware of e.g. Coeliac/Gluten Free/Diabetes etc

Please return this form to the school office