CERTIFICATE FOR A SPECIAL DIET IN DAY CARE AND COMPREHENSIVE SCHOOL

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| Pupil’s / child’s name      | Date of birth      |
| School / Day care, starting at autumn.      | Class / Group, in autumn      |
| Parent / Guardian      | Telephone number      |
|       |  |
| Pupil’s telephone number      |  |
| Special diet for health reasons[ ]  Diabetes (personal meal plan to be attached as necessary[ ]  Coeliac disease □ can eat gluten-free oat[ ]  Food allergy with severe symptoms, what      [ ]  Lactose free [ ]  Food-allergy: things what makes strong and life- threatening symptoms |
| Forbidden food item: raw (R)/ripe (K) |  | symptom | Danger of a sudden allergic reaction (anaphylaxis)  |
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| [ ]  **Pupil in afternoon club 0-2 class** |  |  |  |
| Date    /          | Signature by parent / guardian |
|  | Name clarification      |

The notification is in order 1 year at time. Send a new one every autumn and or when the allergy changes.