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.