



Birrigai means laughter in the language of the Ngunnawal people

Allergens / Food Restrictions

IMPORTANT INFORMATION – PLEASE COMPLETE THE FOLLOWING

This form is to be completed by the primary caregiver of students, or by visiting adults in respect of themselves, who have specific dietary requirements related to medical conditions, identified food allergies and/or cultural food restrictions. The need for this form will have been identified from the information provided on the *Medical Information and Consent* form issued by the school.

This form is to be returned directly to the school along with the camp permission note/s.

Please note this form will be provided to the Birrigai Catering Team Leader who will use the information provided to ensure the student's dietary needs are met.

NAME:

SCHOOL / GROUP:

Evelyn Scott School

DATES ATTENDING BIRRIGAI:

15th June to 17th June

Are there any known food allergies? Yes No

If yes, do any of the food allergies result in an anaphylactic reaction Yes No

If you have answered 'Yes' to food allergies and 'No' to anaphylaxis, please complete **ONLY** the 'Allergic' Column for each food item listed.

If you have answered 'Yes' to food allergies and 'Yes' to anaphylaxis, please complete both the 'Allergic' and 'Anaphylaxis' columns for each food item listed.

Are there any other food restrictions? Yes No

If there are other food restrictions applicable which DO NOT relate to Allergies / Anaphylaxis, please complete the 'Other Food Restrictions' section on page 3 of this form.





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ALLERGIES AND ANAPHYLAXIS

Food Item	Allergy	Anaphylaxis	Allergen Details / Other Comments	
Citrus	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Coeliac	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Cow's Milk	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Please select tolerated milk alternative *Note almond milk is not available	<input type="checkbox"/> Lactose Free <input type="checkbox"/> Soy <input type="checkbox"/> Rice <input type="checkbox"/> No alternative
Egg (white and/or yolk)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Gluten	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Kiwifruit	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Mango	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Melon	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Nut allergy	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Seafood (including shellfish)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Sesame	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Soybean	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Other Not Listed	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Please provide name of allergen/s - - - -	





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OTHER RESTRICTED FOODS

This section is intended to identify foods which are restricted for cultural / religious reasons only.

If there are no other food restrictions applicable, please disregard this section.

Food Item		Other Comments
Halal (please check the YES box to indicate the food is restricted and CANNOT be eaten)	Beef: Yes <input type="checkbox"/> No <input type="checkbox"/> Pork: Yes <input type="checkbox"/> No <input type="checkbox"/> Chicken: Yes <input type="checkbox"/> No <input type="checkbox"/> Lamb: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Vegetarian	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Vegan	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Other not listed	Yes <input type="checkbox"/> No <input type="checkbox"/>	Please provide name of restricted food/s - - - -

Name of person completing form

Signature

Date completed

Birrigai Office Use Only

Form Received By	
Date Received	
Total Number of Restricted Foods	
Dietary Labels Created By	
Total Number of Restricted Foods Listed on Dietary Label	
Dietary Labels Checked By	1.
	2.
	3.

