



Sunset Club - 15:15 to 18:00
Extended Day provision for the pupils of Cookham Rise Primary
Monday to Friday, term time only
Cookham Rise Primary School, High Road, Cookham, SL6 9JF
Tel: 01628 520961

Allergy & Dietary Information

Child's Full Name: _____

Date of Birth: _____

Parent/Guardian Name: _____

Contact Number: _____

Email: _____

1. Allergy Information

Does your child have any allergies? Yes No

Allergen	Reaction Type	Severity	Diagnosed by doctor?
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>

How quickly does the reaction occur? Immediate Delayed

Typical symptoms your child experiences:

- Rash/hives Swelling Vomiting Breathing difficulty
 Stomach pain Itching Other: _____

2. Allergy Action Plan, for severe allergies

Does your child require an EpiPen or other medication? Yes No

If yes, specify the medication: _____

A medication form will also be required.

Please attach your doctor-signed Allergy Action Plan.

3. Dietary Requirements (Non-Allergy)

Does your child have any food restrictions? Yes No

Vegetarian Vegan Halal Kosher

Gluten-free (non-allergy) Lactose intolerant

No pork No beef No eggs

Other cultural/religious/ethical restrictions:

4. Foods to Avoid

5. Additional Information

Parent/Guardian Declaration

I confirm that the information provided is accurate and complete. I agree to update Sunset Club if my child's allergies, dietary needs, or treatment plans change.

Signature: _____ Date: ____ / ____ / ____