

To be completed with a medical prescription!

Child _____
(name and first name of the child)

has a food allergy, intolerance or another health problem that requires a specific diet.

Please tick here allergens or detail foods causing allergies or intolerances:

- ☐ 1: cereals containing gluten and products based on cereals containing gluten
- ☐ 2: crustaceans and crustacean products
- ☐ 3: eggs and products containing egg
- ☐ 4: fish and fish products
- ☐ 5: peanuts and products containing peanuts
- ☐ 6: soy and soy products
- ☐ 7: milk and milk products (including lactose)
- ☐ 8: nuts namely, almonds, hazelnuts, pistachios, walnuts, cashews, pecan nuts, Brazilian nuts, macadamia nuts and Queensland nuts and products made from these fruits
- ☐ 9: celery and celery products
- ☐ 10: mustard and products containing mustard
- ☐ 11: sesame seeds and sesame seed products
- ☐ 12: sulfur dioxide and sulphite in a concentration of at least 10 mg / kg, or 10 mg / liter expressed as SO₂
- ☐ 13: lupine and lupine products
- ☐ 14: molluscs and mollusc products
- ☐ Other to be specified in detail: _____

To specify absolutely

- | | | |
|-----------------------------|------------------------------|-----------------------------|
| Risk of anaphylactic shock | ☐ yes | ☐ no |
| Necessity of adrenaline | ☐ yes | ☐ no |
| Emergency kit | ☐ yes | ☐ no |
| Protocols of emergency care | ☐ yes | ☐ no |

Notes:

Parents are asked to bring a medical prescription attesting the allergy / intolerance to the concerned food.

Despite all the efforts and precautions taken, the education and reception service cannot guarantee the absence of accidental contamination in meals prepared and served on site.

Place and date: _____, the ____/____/20____

Name and signature of the person entitled to the right of education:
