

Name of child / student:	Child's date of birth:
Day care centre / school / family day care provider:	Class / day care group:
Names of guardians:	Guardians' phone numbers:
_____	_____
_____	_____
	Email:
	_____

## Notification of a permanent special diet: Medical certificate required

- \_\_\_\_\_ Diabetes (personal meal plan attached)
- \_\_\_\_\_ Celiac disease (tolerates gluten-free oats)
- \_\_\_\_\_ Celiac disease (does not tolerate oats)
- \_\_\_\_\_ Celiac disease (does not tolerate gluten-free wheat starch)
- \_\_\_\_\_ Dairy-free
- \_\_\_\_\_ Lactose-free

## Food allergies:

Only state the foods that cause severe or life-threatening symptoms.

Food:

Symptoms:

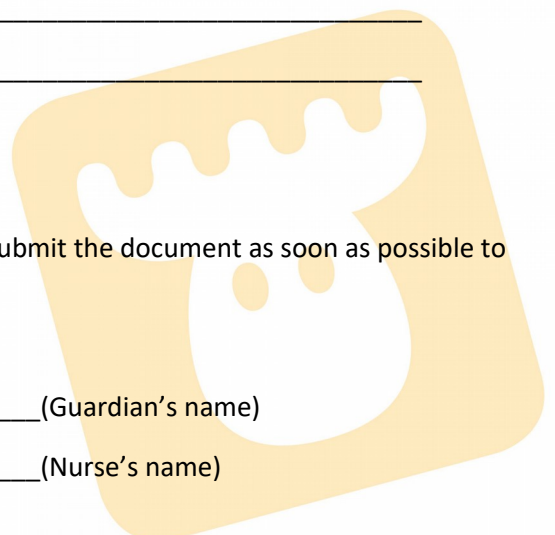
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Adrenaline pen for emergencies YES \_\_\_\_\_ NO \_\_\_\_\_

The list of food allergies will be updated every year in autumn. Please submit the document as soon as possible to the school nurse or to the child's day care centre.

Date \_\_\_\_\_.\_\_\_\_\_.20\_\_\_\_\_ (Guardian's name)

Date \_\_\_\_\_.\_\_\_\_\_.20\_\_\_\_\_ (Nurse's name)



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Information about the diet:

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The school / day care centre provides food to your child on all days when the school / day care centre is open, with the exception of

graduation days, when students mainly come to school to pick up their school reports and no official meals are served. Please sign this form and submit it to the school / day care centre food service manager.

Date \_\_\_\_\_.\_\_\_\_\_.20\_\_\_\_ (Guardian's name)

