

St Mary's Catholic Primary School

Executive Headteacher: Mrs D Bolton Head of School: Mrs L Draycott Mongleath Road Falmouth Cornwall TR11 4PW



Telephone: 01326 314540

email: secretary@st-marys-fal.cornwall.sch.uk www.st-marys-fal.cornwall.sch.uk

Dear Parents

Dietary Care Plan

Thank you for returning the slip indicating your child _______ a specific dietary requirements that St Mary's need to be aware of.

Please complete the attached care plan. Please give as much detail as you can, with particular information regarding triggers and consequent reactions. Please return to the school office as soon as possible.

St Mary's take the health and safety of all of our pupils very seriously however mild or severe symptoms are. There are policies in place to enable all staff members to help children.

The information on the attached form will help us to decide on the best approach to keeping your child safe and well. It is therefore very important that this record is updated should any symptoms or treatment change.

If you have any queries, please do not hesitate to contact the school office.

Kind Regards

LMOraycott

Mrs L Draycott















St Mary's Catholic Primary School

Executive Headteacher: Mrs D Bolton Head of School: Mrs L Draycott



Mongleath Road Falmouth Cornwall TR11 4PW

Telephone: 01326 314540

email: secretary@st-marys-fal.cornwall.sch.uk www.st-marys-fal.cornwall.sch.uk

SCHOOL DIETARY CARE PLAN

NAME OF CHILD	DOB	CLASS
FIRST CONTACT	SECOND CONTA	.CT
NAME	NAME	
RELATIONSHIP TO CHILD	RELATIONSHIP_ TO CHILD	
ADDRESS	ADDRESS	
<u> </u>		
MOBILE	MOBILE	
HOME	HOME	
WORK	WORK	
GP SURGERY	GP NUMBER_	

















St Mary's Catholic Primary School

Executive Headteacher: Mrs D Bolton Head of School: Mrs L Draycott



Mongleath Road Falmouth Cornwall TR11 4PW

Telephone: 01326 314540

email: secretary@st-marys-fal.cornwall.sch.uk www.st-marys-fal.cornwall.sch.uk

What foods or drink cause the symptoms/reaction?

In the event of a reaction what will happen?_____

What treatment should your child receive if a reaction occurs?_____

Are there any special considerations we should be aware of?_____

Please tick and sign:-



I undertake to notify the school immediately if my child's symptoms or treatment changes.

Parent/Guardian Signature

Print Name

Date





National College







