

Individual Food Requirements

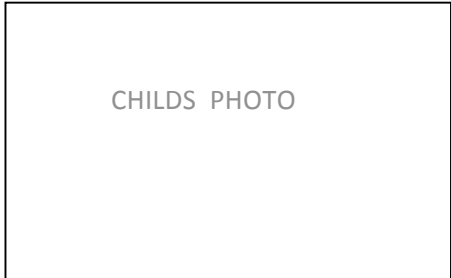
This form must be completed and returned to RRCC accompanied with a doctors medical certificate confirming the following allergies. Medical certificate must be current (dated within past 7 days)

Name _____.

Age _____.

Room: _____.

Days In care: _____.



Reaction to the following foods _____.

Medical treatment to be administered in the event that the following foods are consumed _____.

The following food items must not be consumed:

	Food	Additional Information
1		
2		
3		
4		
5		
6		
7		

Medical Information

Name of Doctor: _____.

Clinic _____ Phone _____.

Declaration & Consent

I, _____ (print full name) a person with lawful authority of the child referred to herein.

- Declare that the information in this individual food requirement is true and correct and undertake to immediately notify RRCC in the event of any change to this information
- Agree for this information to be displayed in my childs room and in the kitchen

Parents / Guardian Signature _____ date _____.

DISCLAIMER: Whilst RRCC operates a nut free menu policy, some products used may contain trace elements of nuts as noted on some products.



Ryan
Road

CHILDCARE &
SWIM SCHOOL