09.09.2026

LEAVENING PRIAMRY SCHOOL

Allergy, Intolerance & Sensitivity Notification Form

Pupil Name: _____ Class: _____

Date of Birth: _____

Parent/Carer Name: _____

Contact Number: _____

Please tick all that apply:

☐ Allergy with medication ☐ Allergy without medication

☐ Food intolerance ☐ Food sensitivity

Details:

Trigger (food, substance or environmental factor)	**Type (Allergy / Intolerance / Sensitivity)**	**Symptoms or Reaction**	**Medication Required? (Y/N)**

If Medication is Required

Medication Name: _____

Emergency Action Required: _____

Adjustments Required in School

(e.g. dietary requirements, avoidance measures, classroom adjustments)

09.09.2026

Parent/Carer Declaration

I confirm that the information provided is accurate and up to date. I understand that it is my responsibility to inform the school immediately of any changes to my child's allergy, intolerance, sensitivity or medication requirements.

Parent/Carer Signature: _____

Print Name: _____

Date: _____

School Use Only

Date Received: _____ Reviewed By: _____

☐ Staff Informed ☐ Meeting with parent/ carer arranged ☐ Catering Informed

☐ Medical Plan Updated (if required)

Review Date: _____