



Laurimar Primary OSHC

Special Dietary Requirement Information Form

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The information provided on this form will be used to assist Laurimar Primary OSHC staff to plan for and provide food that does not put children's health and wellbeing at risk. The service understands and respects cultural diversity.

Child's Name: _____ Age: _____

Parent/Guardian Name: _____ Contact number: _____

Child's dietary requirement. Please tick - Anaphylaxis Allergy Intolerance Religious

Provide details:

Has your child's dietary requirement been diagnosed by a Medical Practitioner or Paediatrician?

Yes No Please provide details about your child's management plan and attach a copy of the plan:

Please provide details of the symptoms your child displays when they consume food they are sensitive to?

What action would you like Laurimar Primary OSHC to take if your child displays these symptoms whilst attending the service?

Please list any particular foods or snacks that you would like the service to provide for your child while they are attending care?

Is there any additional information you would like to provide the service with in regards to your child's dietary requirements?

Parent/Guardian signature: _____ Date: _____