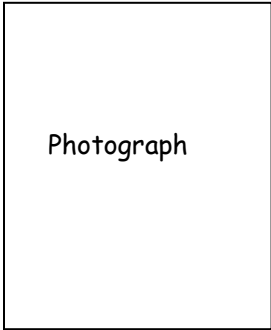


Safe Food Agreement



Child's name:.....

Date of Birth:.....

Name of Setting:.....

Days attending	Mon	Tues	Wed	Thurs	Fri
	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM

Brief account of the child's intolerances and health needs

.....
.....
.....

.....**must NOT be given the following foods due to medical or religious reasons :**

.....
.....
.....
.....
.....
.....
.....

Parent

I agree to inform the setting of any changes with my child's dietary needs

Print.....Sign.....Date.....

Manager/supervisor

I agree to share this information with all members of staff

Print.....Sign.....Date.....

To be reviewed 3 monthly. Review date:.....