



Laurimar Primary OSHC

Special Dietary Requirement Information Form

Armidale Road · Doreen · Vic · 3754 · Ph 9717 6783 · Fax 9717 7199 · Email oshc@laurimarps.com

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.

Full name of the child: _____ DOB: ____/____/____ Age: ____

Name of Parent/Guardian: _____ Contact number: _____

Description of your child's dietary requirement (e.g. allergy, intolerance, cultural, religious):

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