

## Certificate for food allergies/sensitivities

### Student details:

Name of school/preschool and class:			
Student's name:			
Personal ID number:		Certificate valid from (Y/M/D)	

### Mark which ingredients should be excluded from the food:

Fish <input type="checkbox"/>	Seafood <input type="checkbox"/>	Gluten <input type="checkbox"/>
Wheat <input type="checkbox"/>	Milk protein <input type="checkbox"/>	Beans/lentils <input type="checkbox"/>
Peas <input type="checkbox"/>	Soy protein <input type="checkbox"/>	Egg <input type="checkbox"/>
Chicken <input type="checkbox"/>	Peanuts <input type="checkbox"/>	Nuts <input type="checkbox"/>
Almonds <input type="checkbox"/>	Sesame seeds <input type="checkbox"/>	
<b>Prepared foods:</b>		
Tomatoes <input type="checkbox"/>	Carrots <input type="checkbox"/>	Corn <input type="checkbox"/>
Peppers <input type="checkbox"/>	Oranges <input type="checkbox"/>	Citrus fruits <input type="checkbox"/>
Strawberries <input type="checkbox"/>	Kiwi <input type="checkbox"/>	Nectarines <input type="checkbox"/>
Apples <input type="checkbox"/>	Peaches <input type="checkbox"/>	Pears <input type="checkbox"/>
<b>Raw foods:</b>		
Tomatoes <input type="checkbox"/>	Carrots <input type="checkbox"/>	Corn <input type="checkbox"/>
Peppers <input type="checkbox"/>	Oranges <input type="checkbox"/>	Citrus fruits <input type="checkbox"/>
Strawberries <input type="checkbox"/>	Kiwi <input type="checkbox"/>	Nectarines <input type="checkbox"/>
Apples <input type="checkbox"/>	Peaches <input type="checkbox"/>	Pears <input type="checkbox"/>

Any allergies other than the above:

Other information on cooking, food choices, substitutes, spices, mixes and more:

Information on symptoms/reaction patterns and treatment:

Should emergency medicine be available close to the student?

Yes  No

Has the student been examined by a doctor for their food allergy?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is there a medical certificate?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Name of the treating doctor/dietician:	

This certificate is valid until the guardian informs the preschool kitchen or the school nurse of any changes in the student's allergies/sensitivities. Please notify the kitchen in case of absence.

This certificate should be given to the school nurse in schools and to the preschool kitchen in preschools. A copy of the certificate is then sent to (mark those who have received a copy):

Class/department/program manager of the school/preschool, educational care	
Responsible kitchen	
Responsible receiving/serving kitchen	
After-school center/leisure club	
Home Economics teacher	
Guardian (must always have a copy)	

Responsible kitchen:		Phone:	
Person responsible in the kitchen:		Phone:	
Email:			

Guardian:		Phone:	
Email:			
School/child health center nurse:		Phone:	
Email:			

**Certificate is completed by:** **A medical certificate may be requested!**

Treating/responsible doctor/dietician or school nurse/child health center nurse in consultation with the guardian/student:	Date:
Guardian:	Date:
Guardian:	Date: