

# **IFIELD SCHOOL**

## **SAFER EATING POLICY**

**Implementation Date:** Winter 2025

**Review Date:** Winter 2026

## **IFIELD SCHOOL SAFER EATING POLICY**

Ifield School's cohort of pupils have become increasingly complex since our change in designation to Profound, Severe and Complex needs. The Safer Eating Policy has been created in recognition of the school's commitment to ensuring all staff understand, support and develop pupils' eating, drinking and swallowing safety in addition to everyone's understanding of pupils' sensory feeding challenges. This Safer Eating Policy has been created in consultation with The Governing Body, Leaders, Teachers, Teaching Assistants, Therapy and Medical Team, parents/carers, Kitchen Team and pupils.

### **Stage Not Age**

Ifield School's principles underpinning the curriculum and therapeutic interventions are based on an individual's developmental stage rather than their chronological age. It is recognised that pupils attending Ifield School are functioning at a much lower cognitive level than their chronological age and this affects all aspects of their life and learning.

Oral sensory seeking behaviour (mouthing) is part of typical development. In neurotypical child development, babies and infants use sucking to help calm themselves and self soothe. Sucking is also an important survival reflex, which is essential for feeding.

As infants become older, they use their mouth to explore the world. It is typical for children to place items into their mouth between the ages of 18-24 months. This helps their sensory motor development. It helps them to learn more about an object, such as how big is it, how hard or soft is it, and its shape. The mouth acts like a second pair of eyes, giving the brain extra information about the objects in the world. This behaviour typically reduces from eighteen months, but it can continue until two years of age.<sup>1</sup>

Most of Ifield School's pupils, particularly within the Sense and Explore curriculum pathways are cognitively functioning between 0- 2 years and therefore continue to seek oral sensory input to develop their understanding of the world.

### **Minimising Risk**

It is essential that all staff are aware of the risks, are vigilant within the school environment and work collaboratively to minimise risk to pupils of mouthing, ingesting, or choking on non-edible items. This includes keeping small objects out of reach, including but not exclusive:

- marbles
- beads
- small toys
- coins
- screws/ nails
- small balls (less than 4.45cm in diameter)
- deflated balloons or pieces of burst balloons
- button batteries.<sup>2 3</sup>

---

<sup>1</sup> <https://www.griffnot.com/child-oral-sensory-seeking/>

<sup>2</sup> [https://www.betterliveshealthyfuturesbw.nhs.uk/learning\\_resource/safety-preventing-choking/](https://www.betterliveshealthyfuturesbw.nhs.uk/learning_resource/safety-preventing-choking/)

<sup>3</sup> <https://www.rospa.com/rospaweb/docs/advice-services/home-safety/choking-hazards.pdf>

Button batteries come in various sizes, but most are 1 to 2cm in diameter. This means that they are of a similar size and shape to some sweets so can be easily swallowed. The difficulties caused by button batteries are not usually due to chemicals leaking from the battery but because the battery itself reacts with bodily fluids, such as mucus or saliva. This creates a circuit to release a substance like caustic soda, which is a strong alkali that can burn through tissue. An alkaline substance is at the opposite end of the pH scale to an acid but is just as dangerous. Even 'dead' batteries have the potential to release the alkali, so should be treated just as carefully as new batteries.<sup>4</sup>

Staff check toys and equipment regularly for loose or damaged parts that could cause injury. If a toy is damaged, it is removed and disposed. Second-hand toys should always be checked for safety by the Class Team before use. If small items are being used as part of a learning activity, for example beads, small toys or balloons, staff must be vigilant and ensure pupils are supervised at all times.

### **Pica**

Pica refers to eating objects that are inedible such as stones, coins, shampoo, clothing and cigarette butts. Children and adults may eat one specific inedible object, or lots of different ones. Whilst some objects pass through the body without harm, Pica can potentially be life threatening. Risks include vomiting, constipation, infections, blockages in the gut and intestines, choking and poisoning. Sometimes surgery is required to remove objects from the gut or to repair damaged tissue.<sup>5</sup>

Some pupils at Ifield School have a diagnosis of Pica, other pupils display Pica-type behaviours. It is important that all staff are aware of Pica and support pupils to remain safe. A Multidisciplinary Team approach involving parents/ carers is required to identify the drivers for the Pica type behaviour and implement strategies to reduce or eliminate the behaviour.

### **ARFID**

Avoidant/restrictive food intake disorder (ARFID) is when someone avoids certain foods, limits how much they eat or does both.<sup>6</sup> The most common are the following three reasons, these are often referred to as subtypes of ARFID:

1. They might be very sensitive to the taste, texture, smell, or appearance of certain types of food, or only able to eat foods at a certain temperature. This can lead to sensory-based avoidance or restriction of intake.
2. They may have had a distressing experience with food, such as choking or vomiting or experiencing significant abdominal pain. This can cause the person to develop feelings of fear and anxiety around food or eating, and lead to them to avoiding certain foods or textures. Some people may experience more general worries about the consequences of eating that they find hard to put into words, and restrict their intake to what they regard as 'safe' foods. Significant levels of fear or worry can lead to avoidance based on concern about the consequences of eating.

---

<sup>4</sup> [Button batteries – using them safely | Great Ormond Street Hospital](#)

<sup>5</sup> <https://www.challengingbehaviour.org.uk/wp-content/uploads/2021/02/007-Pica-and-Polydipsia.pdf>

<sup>6</sup> <https://www.nhs.uk/mental-health/feelings-symptoms-behaviours/behaviours/eating-disorders/overview/>

3. In some cases, the person may not recognise that they are hungry in the way that others would, or they may generally have a poor appetite. For them, eating might seem a chore and not something that is enjoyed, resulting in them struggling to eat enough. Such people may have restricted intake because of low interest in eating.<sup>7</sup>

ARFID can be present on its own, or it can co-occur with other conditions; those most commonly co-occurring with ARFID are anxiety disorders, Autism, ADHD and a range of medical conditions. The eating difficulties someone with ARFID has, can have been present for a very long time, in some cases almost as long as they can remember. In other people, it might have a more recent onset.

Some pupils at Ifield School have a medical diagnosis of ARFID, other pupils display ARFID type behaviours. It is important that all staff are aware of ARFID and support pupils to remain healthy. A Multidisciplinary Team approach involving parents/carers is required to identify the ARFID type behaviour and implement strategies to support pupils. Strategies include, but are not limited to, Fun Before Food intervention, Fun with Food intervention, taster plates being offered at all mealtimes. Sense and Explore curriculum pathways have snack time where fruit and vegetables are offered as tasters and Discover and Innovate curriculum pathways participate in Food Technology lessons to explore new ingredients.

If pupils' restricted diets only allow them to eat one, specific hot food, parents/ carers can provide a frozen item and within reason, the school kitchen can prepare this item daily. This needs to be a prior arrangement and agreed with the Assistant Headteacher - Director of Therapies. The school cannot reheat any food.

### **Dysphagia**

Dysphagia describes eating, drinking and swallowing difficulties in infants, children, and adults. Treating dysphagia depends on what underlying condition or conditions a person may have. Some people experience dysphagia for only a short period of time. Others may experience dysphagia for a longer period of time. If dysphagia is not treated appropriately, it can result in:

- choking
- pneumonia
- chest infections
- dehydration
- malnutrition
- weight loss

It can also make taking medication more difficult and result in hospital admission. In the worst cases, dysphagia can result in death.<sup>8</sup>

### **Context**

Ifield School employs Speech and Language Therapists, including a Dysphagia trained Speech and Language Therapist. Ifield School's principles are in line with the most recent Eat Safe guidance launched in March 2024 by Kent's Safeguarding Children

---

<sup>7</sup> <https://www.beateatingdisorders.org.uk/get-information-and-support/about-eating-disorders/types/arfid/>

<sup>8</sup> <https://www.rcslt.org/speech-and-language-therapy/clinical-information/dysphagia/>

Multi-Agency Partnership, which ensures pupils are supported at their developmental stage not chronological age of eating and drinking.<sup>9</sup>

### **IDDSI**

The International Dysphagia Diet Standardisation Initiative (IDDSI) is a global standard with terminology and definitions to describe texture modified foods and thickened liquids used for individuals with dysphagia of all ages, in all care settings, and for all cultures. The IDDSI framework consists of a continuum of 8 levels (0-7). Levels are identified by text labels, numbers, and colour codes to improve safety and identification. The standardised descriptors and testing methods will allow for consistent production and easy testing of thickened liquids and texture modified foods.<sup>10</sup>

Ifield School's kitchen prepares food to different IDDSI food consistencies, in collaboration with the Dysphagia trained Speech and Language Therapist.

Class Teams prepare IDDSI fluid consistencies in collaboration with the Dysphagia trained Speech and Language Therapist. Thickener is prescribed by the GP and is signed in as a medication and must be prepared in line with the prescription label.

### **Food Allergens**

It is the parents/carers responsibility to notify the school, in writing, of any allergies that a pupil may have.

The Special Schools Nursing Service work in partnership with Special Schools to ensure pupils with complex health needs can access education safely. They work collaboratively with school staff empowering them through training and competency assessments to deliver care to pupils whose needs can be safely delegated. The team of Specialist Nurses are committed to ensuring pupils receive high quality care at school and support pupils with more complex health needs. This includes delivering core health training to school staff including anaphylaxis awareness and management.<sup>11</sup>

### **Allergy Awareness**

Ifield School is an Allergy Aware School. Whilst the school cannot guarantee a truly nut-free environment, it is important that all pupils, staff, visitors and contractors do not bring products containing nuts onto the school premises.

Ifield School supports the approach advocated by Anaphylaxis UK towards nut bans/nut free schools. Anaphylaxis UK would not necessarily support a blanket ban on any particular allergen in any establishment, including in schools. This is because nuts are only one of many allergens that could affect pupils, and no school could guarantee a truly allergen free environment for a child living with food allergy.

Staff, parents/carers and pupils are aware of what allergies are, the importance of avoiding the pupils' allergens, the signs and symptoms, how to manage allergic reactions and to ensure policies and procedures are in place to minimise risk.

---

<sup>9</sup> <https://www.kscmp.org.uk/guidance/eatsafe>

<sup>10</sup> [https://iddsi.org/IDDSI/media/images/Posters/IDDSI\\_Poster\\_What\\_is\\_IDDSI\\_Jan2020.pdf](https://iddsi.org/IDDSI/media/images/Posters/IDDSI_Poster_What_is_IDDSI_Jan2020.pdf)

<sup>11</sup> Supporting Pupils With Medical Conditions Policy, Ifield School, Spring 2022

Even with a 'no nut policy' in place, schools cannot ensure there is no risk of traces of nuts in ingredients and products. The Anaphylaxis Campaign, for example, does not promote the banning of peanuts or nuts from schools. This is because no school can guarantee a truly peanut/nut-free environment and allergen management should be consistent across the full 14 mandatory allergens.<sup>12</sup> Ifield School is an Allergy Aware School and ensures messages are shared with staff frequently to remind staff to be vigilant to allergens, for example, in seasonal tins of chocolates and packed lunch box items, provided by parents/ carers.

### **Sensory Play**

Sensory Play is an essential vehicle for learning for many pupils at Ifield School. Sensory Play can involve food-based items such as flour, rice and pasta. Flour is classed as a raw ingredient. It is not intended to be ingested raw and therefore germs such as Escherichia coli (E. coli) which can cause food poisoning can be present in flour and flour products. This applies to all types of flour, including wheat, gluten-free, corn, gram, and rice flour.<sup>13</sup> Uncooked rice can have spores of Bacillus cereus, which is a bacterium that can cause food poisoning if ingested. If using rice and flour in sensory play, staff monitoring the activity carefully to avoid any rice and flour being ingested is recommended. Washing hands thoroughly before and after handling rice and cleaning all surfaces and utensils properly is also advised.<sup>14</sup>

### **Catering at School**

Eating in school should be a pleasurable experience: time spent sharing good food with peers and teaching staff. School food standards are intended to help pupils develop healthy eating habits and ensure that they receive the energy and nutrition they require across the whole school day. It is just as important to cook food that looks good and tastes delicious; to talk to pupils about what is on offer and recommend dishes; to reduce queuing; and to serve the food in a pleasant environment where they can eat with their peers.<sup>15</sup>

All food businesses (including school caterers) must follow the Food Information Regulations 2014 which states that allergen information relating to the 'Top 14' allergens must be available for all food products. Schools can therefore identify whether a food product is safe for allergic pupils to eat. As part of school's duty to support pupils with medical conditions, they must be able to provide safe food options to meet dietary needs including food allergy. Catering staff must be able to identify pupils with allergy. The Kitchen Team has a list of all pupils who require modifications due to IDDSI, special dietary needs and preferences.

School menus should be available for parents/carers to view with the ingredients clearly labelled via the school's website.<sup>16</sup> The School Kitchen Team create a three-week menu, this is shared on the school website. Please see Appendix 1.

---

<sup>12</sup> [LACA-Allergen-Management-Guidance-c-version-SEPT-20.pdf](#)

<sup>13</sup> [Handling flour and flour products safely | Food Standards Agency](#)

<sup>14</sup> [Using flour in the early years Sue Asquith explains the latest guidance about using flour in the early years - Sue Asquith - Early Childhood Consultant](#)

<sup>15</sup> School Food Standards, A practical guide for schools, their cooks and caterers, 2015.

<sup>16</sup> [Policy for Allergy at School | Allergy UK | National Charity](#)

Ifield School has its own kitchen and all school lunches are cooked on site. The lunches are cooked by the Kitchen Team who are qualified in professional food and hygiene skills.

Food served in all maintained schools and academies in England must meet school food standards so that pupils have healthy, balanced diets.

These standards make sure that school lunches always include:

- one or more portions of fruit and vegetables every day
- one or more portions of starchy food, such as bread or pasta every day
- a portion of food containing milk or dairy every day
- a portion of meat or poultry on 3 or more days each week
- oily fish once or more every 3 weeks<sup>17</sup>

Schools severely restrict foods high in fat, salt and sugar, as well as low quality reformed or reconstituted foods.<sup>18</sup>

### **Dietary Preferences**

Dietary preferences include metabolic, sensory, autoimmune or other disorders, cultural and religious diets or lifestyle choices which may affect a person's diet. At Ifield School, this frequently includes Halal, Kosher, Vegetarian, Vegan, Ketogenic diets for epilepsy and seizure management.

### **Allergen Labelling**

Any business that produces prepacked for direct sale (PPDS) food is required to label it with the name of the food and a full ingredients list, with allergenic ingredients emphasised within the list, this is also known as Natasha's Law. This labelling helps protect consumers by providing potentially life-saving allergen information on the packaging.<sup>19</sup>

### **Mealtime Passports**

Mealtime Passports are colour coded documents which are created by the Speech and Language Therapy Team. A pupil requires a Mealtime Passport if they have any sensory, behaviour, cognitive or physical difficulties which impacts on their safety when eating, drinking and/ or swallowing. Please see Appendix 2 for a Mealtime Passport example.

The admissions form for new pupils joining Ifield School allows parents/carers to complete the necessary information, including allergens, dietary preferences/intolerances, eating, drinking and/or swallowing difficulties. Please see Appendix 3. The Dysphagia trained Speech and Language Therapist discusses in more detail during the home visit, or telephone call, if more information is required and a Mealtime Passport is created.

---

<sup>17</sup> <https://www.gov.uk/school-meals-food-standards>

<sup>18</sup> <https://www.gov.uk/school-meals-food-standards>

<sup>19</sup> <https://www.food.gov.uk/business-guidance/introduction-to-allergen-labelling-changes-ppds#return-to-top>

The Mealtime Passports are reviewed annually by the Speech and Language Therapy, Occupational Therapy and Medical Team, Class Teams or as frequently as required. All information related to Pica, ARFID, Dysphagia, IDDSI levels, Allergies and Dietary Preferences, adaptive equipment and engagement strategies are included. Not all pupils will require a Mealtime Passport.

Not every pupil requires a Mealtime Passport however the Mealtime Passports must be displayed in each classroom and are available to view wherever pupils are eating, for example, in the lunch hall, at breakfast club, Annual Prom or during a residential visit. It is important that all staff supporting pupils with feeding have read and understood the Mealtime Passports for the pupils they are supporting. This includes Class Teachers, Teaching Assistants, Midday Supervisors, Agency Staff.

### **Staff Training**

Safer Eating Training is a key part of the induction process for new staff and all staff have annual refresher training on Safer Eating during a Staff Development Day. It is recommended that all relevant staff, including the Site Team and Kitchen Team attend the training to develop their awareness of the complexity of pupils and associated risks. Regular Bitesize refreshers are planned throughout the academic year.

### **Packed Lunches**

It is the responsibility of parents/carers to ensure that items within the lunchbox are safe to eat. Parents/ carers are encouraged to think about size, shape and texture of food, for example, cut food into narrow batons and avoid round shapes.<sup>20</sup>

It is everyone's responsibility to check lunchboxes for items containing nuts, and if items are an unsafe size. The staff member must inform parents/ carers to prevent the unsafe items being brought back into school.

Many pupils have restricted diets, it is the view of Ifield School that pupils eat 'safe' foods at snack and lunch times to ensure they are regulated and therefore able to access learning. As such, Ifield School recognises and promotes, but does enforce a varied diet in school lunches or packed lunches. Reasonable adjustments are made to ensure adequate hydration throughout the day, but energy drinks and fizzy drinks are not allowed. Once pupils attend Sixth Form, they can purchase fizzy drinks from the LINK Centre's café.

### **Birthdays/ Celebrations**

Parents/ carers can bring in a cake for their child's birthday to share with the Class Team. The Class Team will need to ensure that Mealtime Passports are adhered to accordingly.

### **Safeguarding Mealtimes**

Ensuring that eating times and spaces in settings are designed with safety in mind can reduce the risk of serious harm through choking whilst eating.<sup>21</sup> The following factors help to create a safe eating environment.

---

<sup>20</sup>

[https://www.food.gov.uk/sites/default/files/media/document/Early%20Years%20Choking%20Hazards%20Poster\\_English.pdf](https://www.food.gov.uk/sites/default/files/media/document/Early%20Years%20Choking%20Hazards%20Poster_English.pdf)

- Pupils should remain seated when eating, staff should support pupils to return to the table to continue eating.
- Staff will use consistent language to support this “sitting and eating”.
- Ensure pupils are alert and seated in an appropriately sized chair while eating.
- Where possible there should be a designated eating space where distractions are minimised. Key Stage 1 and Key Stage 2 eat in the school hall. Key Stage 3 and Key Stage 4 pupils who eat school dinners are in the school hall and packed lunches are eaten in the classrooms. Key Stage 5 students eat in their classrooms.
- Pupils should never be left alone while they are eating and must be adequately supervised.
- Staffing arrangements must meet the needs of all pupils and ensure their safety.
- The Class Teacher, Unqualified Teacher or Teaching Assistant Learning Lead is responsible for ensure staffing is in place to ensure they are supervising an appropriate number of pupils, and not distracted whilst eating.
- Staff should be sat face-to-face with the pupils they are supervising during meal and snack times. Staff will be able to identify the early signs of choking and prevent harm.
- Teach pupils to chew and swallow food properly, and ensure they take their time during meals. This will reduce the risk of choking.
- Where possible, staff should not be eating their own lunch at the same time as pupils, their full attention should be on supporting pupils eat safely and developing life skills around mealtimes.

### **Responding to choking**

Preparing for the possibility of a pupil choking ensures staff are ready to respond should it occur. Despite preventative measures, it is still possible for pupils to choke, and staff who are equipped to respond are most likely to be able to intervene safely and effect a positive resolution. <sup>22</sup> Please refer to the Choking Policy and Procedures for further information.

### **Dissemination of policy**

The school will inform parents/carers of the Policy via the school newsletter and website. All school staff will be informed of this policy through staff training and will support its implementation.

**Implementation Date:** Winter 2025

**Review Date:** Winter 2026

Signed by Headteacher: .....
























Signed by Chair of Governors: .....

---


























<sup>21</sup> [https://www.kscmp.org.uk/\\_data/assets/pdf\\_file/0003/161418/KSCMP-Eat-Safe-Safer-Eating-in-Early-Years-Settings-Guidance-v4.pdf](https://www.kscmp.org.uk/_data/assets/pdf_file/0003/161418/KSCMP-Eat-Safe-Safer-Eating-in-Early-Years-Settings-Guidance-v4.pdf)

<sup>22</sup> [https://www.kscmp.org.uk/\\_data/assets/pdf\\_file/0003/161418/KSCMP-Eat-Safe-Safer-Eating-in-Early-Years-Settings-Guidance-v4.pdf](https://www.kscmp.org.uk/_data/assets/pdf_file/0003/161418/KSCMP-Eat-Safe-Safer-Eating-in-Early-Years-Settings-Guidance-v4.pdf)

























## Appendix 1

<u>Week One</u>				
<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>
Beef Pasta Bake 	Chicken Curry 	Roast Beef & Yorkshire 	Pizza 	Fish Fingers 
Sneaky Pie 	Tomato Pasta Bake 	Cauliflower Bake 		Baked Bean Hash 
	50/50 Rice 	Roast Potatoes & Gravy 	Wedges 	Chips 
Green Beans & Cauliflower 	Mixed Vegetables 	Sweetcorn & Cabbage 	Salad & Grated Carrot 	Beans & Peas 
Fruit Flapjack & Custard 	Mousse 	Apple & Blackberry Sponge & Custard 	Fruit & Milk or Yoghurt 	Lemon Sponge & Milk 

Served Daily – Fresh Bread, Fruit Salad and Yoghurts      Jacket Potatoes – Cooked to order (Staff please contact the kitchen to order) ☐

<u>Week Two</u>				
<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>
Minced Beef Pie 	Creamy Chicken & Leek Casserole 	Roast Gammon 	Quorn Sausages & BBQ Sauce 	Fish Cakes 
Creamy Vegetable Bake 	Shepherdess Pie 	Red Dragon Pie 	Jacket Potato with Tuna or Beans 	Macaroni Cheese 
Mash & Gravy 	50/50 Rice 	Roast Potatoes & Gravy 	50/50 Pasta 	Chips 
Cauliflower & Mixed Veg 	Carrots & Broccoli 	Green Beans & Mashed Swede 	Sweetcorn & Peas 	Beans 
Shortbread & Custard 	Carrot Cake & Vanilla Sauce 	Rice Pudding 	Fruit & Milk or Yoghurt 	Fruit Crumble & Custard 

Served Daily – Fresh Bread, Fruit Salad and Yoghurts      Jacket Potatoes – Cooked to order (Staff please contact the kitchen to order)

Week Three				
Monday	Tuesday	Wednesday	Thursday	Friday
Sausages 	Chicken Casserole 	Roast Turkey & Stuffing 	Veggie Lasagne 	Jumbo Fish Finger 
Quorn Sausage 	Vegetable Chilli 	Lentil Roast 	Jacket Potato with Tuna or Beans 	Quiche 
Mash & Gravy 	50/50 Rice 	Roast Potatoes & Gravy 		Chips 
Mixed Vegetables 	Cauliflower & Green Beans 	Carrots & Broccoli 	Sweet Corn 	Beans & Coleslaw 
Fruit Goodie & Custard 	Chocolate Cake & Custard 	Pineapple Upside Down Sponge & Custard 	Fruit & Milk or Yoghurt 	Jelly or Angel Delight 


Served Daily – Fresh Bread, Fruit Salad and Yoghurts

Jacket Potatoes – Cooked to order (Staff please contact the kitchen to order)

## Appendix 2

### Example Mealtime Passport

Hello my name is Kirsty



My IDDSI Score Is Level 0 thin fluids and Level 6 Soft and Bitesize Diet

No Seafood

I have PICA

I follow a dairy free diet

I have a PEG for meds

- I use a Kura spoon and a scoopy bowl
- Pace me by putting a small portion of food in my scoopy bowl at a time
- Encourage me to drink throughout the day
- Encourage me to remain seated.

Updated 04/06/24

Dysphagia/ IDDSI Scores	Allergies
Sensory Feeding Differences	Dietary Preferences
Alternative Feeding	Strategies and Equipment

## Appendix 3



### DIETARY ALLERGIES/INTOLERANCES/PREFERENCES AND FEEDING

Please complete the boxes below to identify any dietary allergy/intolerances/preferences your child has and if necessary, please add further detail on specific requirements.

In the UK, there are 14 food allergens that are recognised as the most common ingredients that can cause allergic reactions. The symptoms of a food **allergy** will generally occur within several seconds or minutes after eating the food. Some people have a severe allergic reaction anaphylaxis which is a medical emergency. Does your child have a food allergy to any of the following foods?

Allergy		
Celery	Yes	No
Cereals containing gluten (wheat, rye, oat, barley)	Yes	No
Eggs	Yes	No
Shellfish	Yes	No
Fish	Yes	No
Milk	Yes	No
Mustard	Yes	No
Peanuts	Yes	No
Sesame	Yes	No
Soya	Yes	No
Sulphur Dioxide and Sulphites	Yes	No
Tree nuts	Yes	No
Other (Please state)		

The symptoms of a food **intolerance** are diarrhoea, bloating and stomach cramps caused by difficulties digesting certain foods. Intolerance will generally occur several hours after eating the food. These can develop ongoing difficulties. Does your child have a food Intolerance to any of the following foods?

Intolerance		
Eggs	Yes	No
Milk	Yes	No
Soya	Yes	No
Wheat	Yes	No
Peanuts	Yes	No
Tree -nuts	Yes	No
Shellfish	Yes	No
Fish	Yes	No
Other (Please state)		

Does your child have a specific dietary **preference** please indicate below.

Preference		
Dairy Free Diet	Yes	No
Lactose Free Diet	Yes	No
Milk Free Diet	Yes	No
Vegan Diet	Yes	No
Vegetarian Diet	Yes	No
Gluten Free Diet	Yes	No
Ketogenic Diet	Yes	No
Soya Free diet	Yes	No
Sugar Free diet	Yes	No
Halal Diet	Yes	No
Beef, pork and gelatine free diet	Yes	No
Beef Free Diet	Yes	No
Pork Free Diet	Yes	No
Other (Please state)		



**Sensory Feeding Information (Please Specify)**

Does your child have sensory related feeding difficulties? For example, reduced diet, Pica or ARFID?

Will your child require a school lunch or bring a packed lunch to school?.....

Is your child Gastrostomy fed?	Yes	No	
If yes, what is the regime?			
Is your child Nil by Mouth?	Yes	No	
Do they require a modified textured diet?	Yes	No	
If yes, please describe their current IDDSI Levels	Fluids: IDDSI Level .....		
	Food: IDDSI Level .....		
Do they require their food cut up?	Yes	No	
Can they independently feed themselves?	Yes	No	
Can they eat finger food independently?	Yes	No	
Can they use cutlery? Please circle what they can use.	Spoon	Fork	Knife