



CLYDE NURSERY LTD
ALLERGY RISK ASSESSMENT FORM

Please ensure a copy of this form is kept with the individual Care Plan of each child.

NURSERY:	
CHILD'S NAME:	
CHILD'S DATE OF BIRTH:	
ALLERGY:	
ALLERGY SYMPTOMS/SIGNS:	
ACTION TO BE TAKEN:	

RISK PREVENTION:	Discuss and underline possible reactions to the 14 Food Allergens in line with Food Information Regulations 2014 (FIR): Cereals containing gluten, milk. Eggs, fish, shellfish, crustaceans, peanuts, other nuts, celery, mustard, sesame, lupin beans or sulphites)
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CHILD'S PARENTS/CARERS:					
NAME:		CONTACT NO:		RELATIONSHIP:	
NAME:		CONTACT NO:		RELATIONSHIP:	
CHILD'S EMERGENCY CONTACT:					
NAME:		CONTACT NO:		RELATIONSHIP:	
NAME:		CONTACT NO:		RELATIONSHIP:	

DECLARATION:

Clyde Nursery Ltd cannot be held accountable if the necessary equipment or medicine is not supplied to the Nursery.

CHILD'S PARENT/CARER:

Signed: _____

Date: _____

MANAGER/ASSISTANT MANAGER:

Signed: _____

Date: _____

Reviewed: August 2020

Date of Next Review: August 2021