

Self-control manual GREEN GARDEN SCHOOL SRL Module M0A Allergy declaration	Dott.ssa Anna Bocchino Tecnologo Alimentare Consulente
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Module M0A

ALLERGY DECLARATION/FOOD INTOLERANCE

Name and Last Name _____

born in _____ Date of birth _____

Codice fiscale _____ Address number _____

Mobile number _____

Parents of _____ Born in _____ Date of birth _____

DECLARE

That his/her son/daughter

IS

A) NOT ALLERGIC / NOT INTOLERANT to food

B) ALLERGIC/INTOLLERANT to the following food (allergen list in the regional annex 2 REG. UE N 1169/2011):

- Celery
- Cereals containing gluten (wheat, rye, barley, oats, spelled and Kamut)
- Crustaceans
- Eggs
- Fish
- Lupins
- Milk
- Molluscs
- Mustard
- Nuts (Almond, hazelnuts, walnuts and pistachio)
- Peanuts
- Sesame seeds
- Soya
- Sulphites
- Other _____

Date _____

Signature _____