



Questionnaire for Food Related Allergies

Dear Parents,
In order to take into consideration your child's allergies or health issues, we kindly ask that you fill out the following questionnaire pertaining to his/her specific needs. All information will remain confidential!

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fahrenwald@greens-unlimited.de

Pre-requisite for Special Meal Delivery is an attest from your doctor:

Start Date of Meal Delivery

Vacation times: additional info requested:

Name and address of Child:

Tel. Home :

E-Mail:

School/class:

Age of Child:

Kind of Health Issue / Allergy:

Is your child under doctor's care?

Which kind of allergy-specific food do you use?

What foods is your child NOT able to eat?

- Bread / Baked Goods: Which grain is he/she allergic to?:
- Pasta and Noodles
- Rice
- Potatoes and potato products
- Fish: Which kind?
- Meat and cold Cuts: Which kind?
- Raw Fruit: Which kind?
- Cooked Fruit:Which kind?
- Raw Vegetables: Which kind?
- Cooked Vegetables: Which kind?
- Eggs and eggs products:Which kind?
- Milk and milk products:Which kind?
- Lactose
- Soya
- Greases and oils:Which kind?
- Legumes (dried beans,peas, etc.): Which kind?
- Nuts and nut products
- Mushrooms
- Sugar and foods containing sugar:Which kind?
- Candy
- Other specific food or food stuffs:Which kind?
- Preservatives
- Food Coloring
- Aromas

Please send questionnaire immediately to GREENS
or fax it directly to fahrenwald@greens-unlimited.de

Signature of Parent or Guardian

Date:

(Stand May 2012)