

**AUTHORISATION OF ADMINISTRATION OF A SPECIFIC DIET
FOR FOOD INTOLERANCE OR ALLERGY**

I _____

parent/guardian of _____

from grade _____, I authorise and request,

under my responsibility, that the school staff provides my child with a

**SPECIFIC DIET FOR INTOLERANCE OR ALLERGIES TO THE FOLLOWING
FOODS:**

and I enclose the medical certificate or report stating the diagnosis of this
intolerance or allergy.

The school is completely exempt from any responsibility for the effects that
this diet may cause.

Signature:

ID:

Date:

**Note: Without the presentation of this authorisation, duly completed, and the prescription or photocopy of the
doctor's report stating the name of the pupil, the centre will not administrate any diet for intolerance.**

Basic information on personal data protection

Responsible: Júlia Castells Foundation - Els Arcs Foundation. **Purpose:** Dissemination of the schools and the activities proposed by the foundations. **Legitimation:** Consents of the interested parties. **Recipients:** They will not be transferred to any third party, except for legal obligation **Rights:** You can withdraw consent, access, rectify or delete the data, as well as exercise the rights mentioned in our Privacy Policy. **Additional information:** For more information, consult the Privacy Policy that you will find on our website peterpan.cat
