**Ofnæmis og óþolsblað**

Nafn barns: Kennitala barns:

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Dagsetning: Undirskrift forráðamanns/greiðanda.

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Nafn frístundaheimilis:

Vinsamlegast merkið við í reitina hvaða ofnæmi/óþol barnið hefur og alvarleika þess

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| Tegund ofnæmis/ óþols | **Alvarleiki** | Þarf epi-penna við ofnæmi |
| Má ekki fá vöruna | Má fá í litlu magni | Má fá í sér við tilfellum | Væg einkenni | Mikil einkenni |
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| Matvæli sem ekki eru borðuð af öðrum ástæðum t.d. svínakjöt, dýraafurðir |
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Vinsamlegast nefnið vörur sem barnið má borða sem hægt er að hafa í boði í staðin fyrir ofnæmisvaldinn svo sem Oatly, Rice dream, ákveðnar soja lausar vörur, eða svínaafurðalausar vörur, Það er oftast tvisvar í viku mjólkurvörur og tvisvar brauðmeti svo við reynum að fá sem mestar upplýsingar til að komast hjá einhæfu matavali hjá börnunum

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**Bestu kveðjur,**

**Starfsfólk Miðbergs**

ATH. foreldri ber ábyrgð á að upplýsa starfsfólk frístundaheimilisins um allar breytingar er varða ofnæmi og óþols og annað sem að þeim viðkemur.

**Allergies and intolerances**

Childs name: Childs social security number:

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Date: Signature of parent/guardian.

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Name of the afterschool program:

Please write and mark which Allergies and intolerances the child has an the severity of it

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| Type of allergies or intolerances | **How strong is the allergies or intolerances** | Has a epi-pen for allergies |
| Cannot have produce | Can have a bit | Can have on special occasion | Mild reaction | Strong reaction |
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| Pleas list food product that are not eaten for other reasons |
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Please name below brands of products that the child can have as a substitute such as Oatly, Rice dream, specific soya free products, or products that don’t contain pig. We usually have 2 times a week milk product and 2 times some kind of bread so we try to have as much information as we can to avoid giving them the same food over and over.

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**Kind Regards,**

**Miðberg**

NOTE. Parent/guardian are responsible to inform the Afterschool program of any change around allergies and intolerances