

Special Diet / Allergy Form

We are committed to providing meals for children needing special diets for medical requirements, where possible. Caterlink work closely with their suppliers and aim to be as accurate as possible but it must be noted that they can only be guided by the information the suppliers provide, similar to the process of a parent catering for a child's special diet.

It is essential that all parties concerned work together when providing a safe special diet and that this is reviewed with every menu change. Therefore please ensure this form is fully completed.

This form must be handed into the school (not the Caterer) and discussed with them.

PUPILS DETAILS

Child's Name		MALE / FEMALE			
Class					
Allergy information <i>please circle</i>	Peanuts	Nuts	Gluten	Milk	Fish
	Eggs	Crustaceans	Molluscs	Lupin	Soybeans
	Celery	Sesame Seeds	Mustard	Suphites	
	*Other – please state				
Further information <i>i.e. Allergy or intolerance; minor or severe; specific type of nut, gluten or other allergy</i>					
School Details					
School Address (in full)					
Mid Day Supervisor or School contact regarding special diets / allergies					
Parent / Guardian details				Signature:	
Main Contact Name & relation to child					
Main Contact - Phone Number(s) / E-mail address					
Second Contact Name & relation to child					
Second Contact Phone number					
Other information					
Has a photo ID form been completed and issued to the kitchen?					
Has the unit manager been informed?					
If EpiPen / Medicine is needed who is to be contacted and is it kept on site					
Data Protection - please tick where you agree / give permission					Tick:
I'm happy for my child's allergen information and photo (where provided) to be passed to the Caterlink to enable them to assist the school in correct food provision.					
I'm happy for my child's allergen information and photo (where provided) to be displayed next to the main servery area to enable the catering staff to check allergy information					