

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.

It is vital that all forms are accompanied with a referral letter from a medical professional (G.P/ consultant /dietician), It is important the unit manager and kitchen team or servery supervisor have met the child requiring the special diet to ensure they give the right meal to the right child. **This form must be handed into the school (not the Caterer) and discussed with them.**

PUPILS DETAILS

| | | | | | | |
|--|--------|----------|--------------|-----------|--------|---------------|
| Child's Name | | | | | | MALE / FEMALE |
| Class | | | | | | |
| Date form issued to the school and to who | | | | | | |
| Diet required or Allergy information <i>please circle</i> | Peanut | Milk | Crustacean | Soybean | Fish | |
| | Celery | Nuts | Sesame Seeds | Mustard | Lupin | |
| | Eggs | Molluscs | Gluten | Sulphites | Other* | |
| *Other – please state | | | | | | |

SCHOOL DETAILS

| | | | | | |
|--|--|--|--|--|--|
| Name of School | | | | | |
| School Address (in full) | | | | | |
| Production kitchen address (if different to school) | | | | | |
| Mid Day Supervisor or School contact regarding special diets / allergies | | | | | |

PARENT/GUARDIAN DETAILS

| | | | | | |
|---|--|--|--|--|--|
| 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 | |