# Special Diets/Allergy Form

The Company is committed to providing meals for children with special diets for medical and cultural requirements.

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.
If the parents and Head teacher are happy, we will also display a 'Food Allergy Record Sheet' and a photo of the child on the kitchen wall near the server.

It is vital that all forms are accompanied with a referral letter or other information from a medical professional (GP/consultant/dietician). It is important the Operations Manager & Unit manager have met the student's parents/guardian and students requiring the special diet to ensure they give the right meal to the right child. This form should be handed into the school and discussed with them in the first instance.

| Students Details | | | | | |
|---|---|---|---|---|---|
| School/Academy | | | | Male | Female |
| Student's Name | | | | | |
| Student's Class | | | | | |
| Diet required or allergy information *(please tick)* | Peanut | Milk | Crustacean | Soybean | Fish |
| Can have 'may contain'? YES or NO | Celery | Nuts | Sesame Seeds | Mustard | Lupin |
| | Eggs | Molluscs | Gluten | Sulphites | *Other |
| | *Other – Please state | | | | |
| Please provide details of the nature of the allergy/intolerance | | | | | |
| Has the allergy or intolerance been medically diagnosed? (Please provide evidence. This must be provided for RED students) | | | | | |
| The Company uses a colour coding system to identify student requirements. Please tick which applies: **RED** – student has had a severe reaction/anaphylactic shock to know food<br>**AMBER** – student has an allergy or intolerance<br>**BLUE** – student excludes foods due to lifestyle choice<br>For students that have been identified as **RED** a meeting may be necessary between the Company and Parents to discuss the student's requirements and agreed actions. **Without this meeting we may not be able to cater for the student due to the unknown risk.** | | | | | |
| Lifestyle – please provide details for dietary requirements based on lifestyle choices: | | | | | |

| Parent/Guardian Details | |
|---|---|
| Main contact name and relationship | |
| Main contact – phone number and email address | |
| Second contact – name and relationship | |
| Second contact - phone number | |

| Other Information | | | |
|---|---|---|---|
| Has a photo ID form been completed and issued to the kitchen? | | If EpiPen/ medicine is needed, who is the contact in school and is it kept on site? | |

| Parent/Guardian Acceptance | | |
|---|---|---|
| Whilst we can provide meals which do not include allergens, we cannot guarantee that dishes may not contain traces of allergens, as these may be stored, prepared & cooked in the same kitchen as well as present in some ingredients from our suppliers due to production techniques.<br>I confirm that the information supplied is correct and will notify of any changes to the school and caterer immediately. I also understand that this information will be shared with others and displayed in the kitchen (photo & allergy) | | |
| Name | Signed | Date |

| Agreed Actions | | |
|---|---|---|
| **RED Category Student**<br>Plated Meal provided<br>Packed lunch provided by the parent/guardian<br>Student going home<br>Other | | |
| **AMBER & BLUE Student - Please list suitable foods** | | |
| **Any other relevant information** | | |
| Operations/Area Manager | Signed | Date |
| Unit Manager Name | Signed | Date |