

## Food Allergy & Intolerance Form

Please complete this form if you wish to inform the School that your child has a Food Allergy or Intolerance or Coeliac Disease. 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, like 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 with clear and accurate information.

It is vital that all forms are accompanied with a referral letter from a medical professional (G.P/ consultant /dietician). **This form must be handed into the school and discussed with them (NOT the Caterers).**

| PUPILS DETAILS                                                                                                                                                        |                       |            |              |           |               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------|--------------|-----------|---------------|
| Child's Name                                                                                                                                                          |                       |            |              |           | MALE / FEMALE |
| Class                                                                                                                                                                 |                       |            |              |           |               |
| Date form issued to the school and to whom                                                                                                                            |                       |            |              |           |               |
| Which food Allergen or Intolerance does the child have <b>(These do not include lifestyle or religious choices)</b>                                                   | Peanut                | Milk       | Crustacean   | Soybean   | Fish          |
|                                                                                                                                                                       | Celery                | Nuts       | Sesame Seeds | Mustard   | Lupin         |
| Please use the other side of the page to provide further detail and state here "please turn over"                                                                     | Eggs                  | Molluscs   | Gluten       | Sulphites | Other*        |
|                                                                                                                                                                       | *Other – please state |            |              |           |               |
| Medical evidence enclosed                                                                                                                                             | Tick                  |            |              |           |               |
| Please give details of what the symptoms are when exposed to the above declared allergens and intolerances and what level of exposure is required to cause a reaction |                       |            |              |           |               |
| If an Auto Adrenaline Injector (eg. EpiPen) is required please state clearly which of the allergens this relates to:                                                  |                       |            |              |           |               |
| 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                                                                                                                                                     |                       |            |              |           |               |
| If EpiPen / Medicine is needed who is to be contacted and is it to be kept on site at the school                                                                      |                       |            |              |           |               |
| Data Protection                                                                                                                                                       |                       |            |              |           | Tick          |
| I'm happy for my child's allergen information to be passed to Caterlink to enable them to assist the school in appropriate food provision                             |                       |            |              |           |               |
| I'm happy for my child's allergen information to be displayed next to the main servery area to enable the catering staff to check allergy information                 |                       |            |              |           |               |
| Parent name:                                                                                                                                                          |                       | Signature: |              | Date:     |               |