

## Special Diet / Allergy Form

Caterlink are committed to provide meals for children needing special diets for medical and cultural requirements, where possible. We work closely with our suppliers and aim to be as accurate as possible but it must be noted that we can only be guided by the information the suppliers provide, similar to the process of a parent catering for a 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. We will also display a 'Food Allergy Record Sheet' and photo of child on kitchen wall near servery with the allergen information, unless you say otherwise

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 should be handed into the school and discussed with them in the first instance.

### PUPILS DETAILS

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

### SCHOOL DETAILS

|                                                                          |  |  |  |  |  |  |  |  |  |  |
|--------------------------------------------------------------------------|--|--|--|--|--|--|--|--|--|--|
| Name of School                                                           |  |  |  |  |  |  |  |  |  |  |
| School Address (in full)                                                 |  |  |  |  |  |  |  |  |  |  |
| Is the Headteacher involved/ aware?                                      |  |  |  |  |  |  |  |  |  |  |
| Caterlink Area Managers name                                             |  |  |  |  |  |  |  |  |  |  |
| Unit Manager                                                             |  |  |  |  |  |  |  |  |  |  |
| 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             |                           |  |  |  |  |  |  |  |  |  |
| I'm happy for my child's allergen information and picture to be displayed by the servery | YES / NO<br>Please circle |  |  |  |  |  |  |  |  |  |