

Food Allergy & Intolerance Form

By completing this form, you wish to inform the school that your child has a food allergy or intolerance or a food-related medical condition and wish to have a menu provided for your child to have a school lunch. This form is not to be used for lifestyle choices such as veganism or religious dietary requirements.

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).**

PUPIL DETAILS					
Child's Name					
Class					
Date form issued to the school and to whom					
Is this a new form, or an updated one?	New		Updated		
Which food allergy or intolerance does the child have (These do not include lifestyle or religious choices)	Peanut	Milk	Crustacean	Soybean	Fish
	Celery	Nuts	Sesame Seeds	Mustard	Lupin
If you need more room, 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				
REACTION/MEDICATION INFORMATION FOR SCHOOL USE					
INFORMATION FOR SCHOOL: 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, e.g., airborne, contact or ingestion					
Is Auto Adrenaline Injector (e.g., EpiPen) required?	Yes		No		
If answered yes to the above question, please state clearly which of the allergens this relates to:					
If EpiPen / Medicine is needed who is to be contacted and is it to be kept on site at the school					
SCHOOL DETAILS					
Name of School					
School Address (in full)					
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					
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:	