

Food Safety Management System

Date of Issue

Issue 3

July 2024

Section 4

4.6 SPECIAL DIETS / ALLERGY FORM

The School and Caterers 'Cleverchefs' are committed to making sure we are 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 and 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 or other information from a medical professional (GP/consultant/dietician).

STUDENTS DETAILS

| name | | | | waie | remaie | |
|---------------------|--|--|--|--|--|--|
| Class | | | | | | |
| School | | | | | | |
| <u> </u> | | | | | | |
| ase provide details | of the student's fo | od allergy/intolerar | nce: | | | |
| Peanut | Milk | Crustacean | Soybean | Fish | | |
| | | | | | | |
| Celery | Nuts | Sesame Seeds | Mustard | Lupin | Lupin | |
| | | | | | | |
| Eggs | Molluscs | Gluten | Sulphites | *Other | | |
| | | | | | | |
| *Other Please | | l | | | | |
| State | | | | | | |
| Please provide de | tails of the nature | of the allergy/intole | erance | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| If yes, please prov | ide evidence, copy | y of the medical dia | agnosis with this | s form | | |
| | | | | | | |
| | Class School ase provide details Peanut Celery Eggs *Other Please State Please provide de Has the allergy/int | Class School ase provide details of the student's form Peanut Milk Celery Nuts Celery Nuts Character Molluscs Pages Molluscs Please provide details of the nature of the nature of the student's form T | Class School ase provide details of the student's food allergy/intolerar Peanut Milk Crustacean Celery Nuts Sesame Seeds Molluscs Gluten Milk Crustacean Celery Nuts Sesame Seeds Celery The April 19 Celery | Class School ase provide details of the student's food allergy/intolerance: Peanut Milk Crustacean Soybean Celery Nuts Sesame Seeds Mustard Eggs Molluscs Gluten Sulphites Cother Please State Please provide details of the nature of the allergy/intolerance | Class School ase provide details of the student's food allergy/intolerance: Peanut Milk Crustacean Soybean Fish Celery Nuts Sesame Seeds Mustard Lupin Ceggs Molluscs Gluten Sulphites *Other Chery Cother Please State Please provide details of the nature of the allergy/intolerance | |



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| If EpiPen/medicine is needed, who is the contact in school and is it kept on site? | | | | | | | | | |
|---|---------------------|------------|------------|---------------|---------|--------------|-------------|-------------------------------|--|
| Dietary Restrictions: | | | | | | | | | |
| | | 1 | Kosher | | Halal G | | Gluten Free | | |
| Vegetaria | 111 | Vegan _ | | _ | | _ | | | |
| | | | | | | | | | |
| Other: Please provide details for dietary requirements based on lifestyle choices: | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| PARENT/GUARDIAN DETAILS | | | | | | | | | |
| Main con | tact nam | ne and | | | | | | | |
| relationsh | nip | | | | | | | | |
| Main con | tact – pł | none | | | | | | | |
| number a | number and email | | | | | | | | |
| address | | | | | | | | | |
| Second c | Second contact name | | | | | | | | |
| and relati | onship | | | | | | | | |
| Second of | ontact - | - phone | | | | | | | |
| number | | | | | | | | | |
| | | | | | | | | | |
| PARENT | GUARD | DIAN AC | CEPTANO | CE | | | | | |
| Whilst ou | r caterer | s can pr | ovide mea | ls which do i | not inc | lude allerge | ens, we c | annot | |
| 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 the | | | | | | | | | |
| suppliers due to production techniques. | | | | | | | | | |
| 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 an | d display | yed in th | e kitchen. | | | | | please scan the QR code below | |
| Name | | | | | | | | | |
| Signed | | | | | | | | | |