	Food Safety Management System Section 4	Issue 3	
		Date of Issue	September 2024

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 including the school, 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			
Student's Name		Male	Female
Student's School		<input type="checkbox"/>	<input type="checkbox"/>
Students' Class			

Please provide details of the student's food allergy/intolerance:

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 <input type="checkbox"/>
*Other Please State				
Please provide details of the nature of the allergy/intolerance				
Has the allergy/intolerance been medically diagnosed? Yes <input type="checkbox"/> No <input type="checkbox"/>				
If yes, please provide evidence, copy of the medical diagnosis with this form				

	Food Safety Management System Section 4	Issue 3	
		Date of Issue	September 2024

If EpiPen/medicine is needed, who is the contact in school and is it kept on site?

Dietary Restrictions:

Vegetarian <input type="checkbox"/>	Vegan <input type="checkbox"/>	Kosher <input type="checkbox"/>	Halal <input type="checkbox"/>	Gluten Free <input type="checkbox"/>
--	-----------------------------------	------------------------------------	-----------------------------------	---

If the meal chosen is not available, are you happy for our staff to substitute the meal to one that suits the pupils' dietary requirements? Yes ☐ No ☐

Other: 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	

PARENT/GUARDIAN ACCEPTANCE

Whilst our caterers 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 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 and displayed in the kitchen.

Name	
Signed	
Date	