

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. If parents and Headteacher are happy, we will also display a 'Food Allergy Record Sheet' and photo of child on kitchen wall near servery.

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.

Child's Name										MALE / FEMALE	
Class											
Date form issued to the school and to who											
Diet required or Allergy information please tick	<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			Emmanuel Middle School								
Address			Howe Lane, Verwood, BH31 6JF								
Is the Headteacher involved/ aware?			No – Catering Staff and First Aiders								
Caterlink Area Managers name			Tony Lane								
Unit Manager			Jane Brunning								
Production kitchen address (if different to school)			As above								
Mid Day Supervisor or School contact regarding special diets / allergies			Mrs Collins/Mrs Askam								
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 (to be completed by the School)											
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			Mrs Collins/Mrs Askam								

