

FOOD INFORMATION RECORD

This form is designed to collect information about our pupils who have a food allergy, intolerance or special dietary requirement.

PUPIL DETAILS

Childs Name:

Year Group:

SPECIAL REQUIREMENT / DIETARY INFORMATION

Please provide details of your child's food allergy, intolerance or special dietary requirement in the box below.

Has this food allergy been medically diagnosed?

YES

NO

IF YES, please return a copy of the medical diagnosis with this form (this can be a doctor's or dietician's diagnosis letter).

NOTE: without this document we may not be able to feed your child.

PERSON COMPLETING THIS FORM

Parent/ Guardian Name:

Parent/ Guardian Signature:

Date:

Relationship with child:

NOTE: While we can make arrangements to provide foods in which allergens are not included as an ingredient, we cannot guarantee that traces of nominated food allergies, can remain completely absent from dishes as these foods may be handled and stored in the same areas as nominated allergens.

DATA PROTECTION: The external catering company adheres to the data protection principles when processing information in relation to food allergens, intolerances and special dietary requirements. All information is held confidentially, and we take the appropriate technical and organisational measures required to ensure that only those who need access to the information, to ensure a meal can be provided in the safest way possible, actually have access. We will provide you with a copy of any information held about your child in accordance with the Data Protection Act upon request. Information will only be used to determine if it is possibly for a suitable meal to be provided and, once a determination has been made, to provide a meal. The information shall not be used for any other purpose.