

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 of birth						
Date form issued to the school and to whom									
Is this a new form, or an updated one?			New			Updated			
Please circle which food allergy or intolerance the child has <i>(These do not include lifestyle or religious choices)</i>			Peanut	Milk	Crustacean	Soybean	Fish		
			Celery	Nuts	Sesame Seeds	Mustard	Lupin		
			Eggs	Molluscs	Gluten	Sulphites	Other*		
*If you need more room, please use the other side of the page to provide further detail and state here "please turn over"			*Other – please state						
Acceptable medical evidence enclosed – documentation from a professional medical source i.e., a medical doctor, registered dietitian, nurse or other qualified NHS medical professional.								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:		