

SPECIAL DIET/FOOD ALLERGY REQUEST FORM (For Special Dietary requirements)

CHILD DETAILS

Child's Name Date of Birth

Male / Female Class/Form.....

PARENT/CARER DETAILS

Contact Name.....

Address.....

.....Post Code

Contact Phone Number.....

DETAILS OF SPECIAL/MEDICAL REQUIREMENT REQUESTED

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ALLERGEN	ALLERGY/INTOLERANCE (TICK)	ALLERGEN	ALLERGY/INTOLERANCE (TICK)
Yeast		Milk	
Wheat		Lupin (legume – found in flour)	
TreeNut		Fish	
Soya bean		Eggs	
Sesame		Crustaceans (shellfish)	
Peanut (legumes)		Cereal	
Mustard		Celery	
Molluscs (shells)		Sulphite (food preservative)	

Parent/Carer Signature..... Print Name.....

Date

Received by Lunchtime Company..... Print Name.....

Date

This form should be held with the pupil's individual treatment plan in the school office and a copy given to all parties who have signed the form.





17 Barnwell House, Barnwell Drive,
CB5 8UU Cambridge
T: 01223 566399
E: info@lunchtime.co.uk
www.lunchtime.co.uk

Date:

Child's name:

Class:

Dear Parent/Guardian,

We are writing to ask permission to allow us to have a picture, as well his/hers name, on our kitchen wall with your sons/daughters Allergies or Intolerances alongside them. It is just for the Catering Staff eyes only, but it allows us that extra security to know that the certain needs of each child with an Allergy or Intolerance can be identified and recognized not just from memory and seeing the child every day, but also if any member of staff is off we can be guaranteed in knowing that everyone working within the kitchen can make sure of no confusion.

If you could let us know if you give permission for this to go ahead, please if you could sign and return as follows.

Thank you very much.

Kind Regards,

Lunchtime Company Team



Parent/Guardian

I give permission

Name:

Sign:

I do not give permission

Name:

Sign:

