

Food Safety Management System

Date of Issue

Issue 2

August 2023

Section 4

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 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 DE	TAILS			
Students				Male	Female
Name					
Students Class					
ease provide details	s of the student's	s food allergy/intolera	nce:		
			T -		
Peanut	Milk	Crustacean	Soybean	Fish	
Celery	Nuts	Sesame Seeds	Mustard	Lupin	
Eggs	Molluscs	Gluten	Sulphites	*Othe	r
*Other Please				1	
State					
Please provide d	etails of the natu	re of the allergy/intole	erance		
Has the allergy/ir	tolerance been	medically diagnosed?	Yes □ I	 No □	
		and an analy and a second			



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If EpiPer	n/medicir	ie is needed, '	who is the contact	in school and is i	t kept on site?	
Dietary F	Restrictio	ns:				
Vegetari	an	Vegan	Kosher	Halal	Gluten Free	
Other: P	Other: Please provide details for dietary requirements based on lifestyle choices:					
PARFN	Γ/GIIARI	DIAN DETAIL	<u> </u>			
Main cor						
	relationship					
Main cor		none				
number and email						
address						
Second	contact n	ame				
and relationship						
Second contact – phone		- phone				
number						
		OIAN ACCEP				
		•	meals which do no	•	•	
ŭ		•	contain traces of a	9	•	
• •				present in some	ingredients from the	
• •		roduction tecl	•			
			ipplied is correct a	•	•	
		·		that this informa	tion will be shared with	
	nd display	ed in the kitc	hen.			
Name						
Signed						
Date						