

Special Diet / Allergy Form

Caterlink are committed to provide meals for children needing specials 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. We will also display a 'Food Allergy Record Sheet' and photo of child on kitchen wall near servery with the allergen information, unless you say otherwise

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.

		P	UPIL	S DETAILS	5						
Child's Name									MALE /	FEMALE	
Class											
Date form issued to the school											
and to who	- 1					7	r				
Diet required or Allergy information		Peanut		Milk		Crustacean		Soybe	ean	Fish	
please tick		Celery		Nuts		Sesame		Mustard		Lupin	
,		certy				Seeds					
		F		N.4				0.1.1			
	Otha	Eggs	a etat	Molluscs		Gluten		Sulphites Other			
*Other – please state SCHOOL DETAILS											
Name of School											
School Address (in full)											
Is the Headteacher involved/ aware?											
Caterlink Area Managers name											
<u> </u>											
Unit Manager											
Production kitchen address											
(if different to school)											
Mid Day Supervisor or School											
contact regarding special diets /											
allergies				ARDIAN D		18					
Main Contact Name & relation to		FAREN	1/60		ETAI	L3					
child											
Main Contact - Phone											
Number(s) /											
E-mail address Second Contact Name & relation											
to child											
Second Contact Phone number											
		OTH	ER I	NFORMAT	ION						
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											
I'm happy for my child's allergen											
information and picture to be	YES	/ N	10								
displayed by the servery	Pl	ease circle									