

FOOD ALLERGY & FOOD INTOLERANCE MANAGEMENT

School				
Address				
Telephone Number				
Name of Parent				
Address				
Telephone Number				
Have you received a copy of the letter explaining how the Company will try and manage the allergy or intolerance	YES		NO	
Name of Child with food allergy or intolerance				
Tick the box next to the foods to which the he / she is allergic or intolerant	Peanuts	<input type="checkbox"/>	Fish	<input type="checkbox"/>
	Nuts	<input type="checkbox"/>	Seafood, Crustaceans	<input type="checkbox"/>
	Sesame Seeds	<input type="checkbox"/>	Seafood, Molluscs	<input type="checkbox"/>
	Milk	<input type="checkbox"/>	Gluten (Wheat, Barley, Rye, Oats etc.)	<input type="checkbox"/>
	Eggs	<input type="checkbox"/>	Soya	<input type="checkbox"/>
	Celery	<input type="checkbox"/>	Lupin	<input type="checkbox"/>
	Mustard	<input type="checkbox"/>	Sulphur Dioxide / Sulphites	<input type="checkbox"/>
Is the allergy life threatening	YES		NO	
If Yes – does the child carry an Epi-pen and does the School hold an Epi-pen that is easily located	YES		NO	
Does the kitchen have an up to date photograph of the child (to be updated each September and dated)	YES		NO	
I have received and accept the content of the letter relating to food allergies and food intolerances	Signed _____ Parent/Guardian			
The school accepts the content of the letter and will present the child to the servery counter each day if it is deemed applicable due to age	Signed _____ School			
The Company understands the food allergy or food intolerance and will take all reasonable care to serve food that is free of the allergen or will offer a suitable safe alternative food	Signed _____ Company			