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

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	CHILD DETAILS				
PARENT/CARER DETAILS Contact Name	Child's Name		. Date of Birth	Date of Birth	
Contact Name	Male / Female		Class/Form		
Contact Name	PARENT/CARER	DETAILS			
Address					
Contact Phone Number	Contact Name				
Contact Phone Number	Address				
DETAILS OF SPECIAL/MEDICAL REQUIREMENT REQUESTED 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) Parent/Carer Signature			Post Code		
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Parent/Carer Signature Date Received by Lunchtime Company	Molluscs (shells)		·	+	
Date Received by Lunchtime Company Print Name Date					
Date Received by Lunchtime Company Print Name Date		12	~ ~ ~ ~		
Received by Lunchtime CompanyPrint Name	Parent/Carer Sigi	nature	Print Name		
Date	Date				
Date					
Date					
Date	Received by Lunc	chtime Company	Print Name		
	Date				
This form should be held with the pupil's individual treatment plan in the school office and a cop	This form should	be held with the pupil's ind	lividual treatment plan in the scho	ool office and a copy	

LUNCHTIME CO



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

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:



Date:



