

LFL ALLERGY/SPECIAL DIETARY REQUIREMENT FORM



Name of Child: <input style="width: 95%;" type="text"/>	Age: <input style="width: 95%;" type="text"/>
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School:

School Year: <input style="width: 95%;" type="text"/>	Class: <input style="width: 95%;" type="text"/>
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Parent/Guardian:

Address:

Telephone: Email:

Please list any dietary requirements confirmed by a medical professional

Allergy/Special Dietary Requirements	Symptoms if eaten	Treatment/Action
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>
<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>	<input style="width: 95%; height: 25px;" type="text"/>

Is the child knowledgeable about their dietary requirements Yes No

Please record any exemptions below e.g eggs may be consumed if baked

Note to Parents/Guardians:

Special diets will be catered for, provided requests for these are supported by a medical report such as a letter from your GP or hospital consultant. Requests for special diets should be made directly to LFL, a special menu will then be agreed upon between the parent and the Catering Manager.

LFL will do all that it can to minimize risk to children with allergies and special dietary requirements. It operates a nut free kitchen and complies with food allergen labelling legislation. The online ordering system enables Parents/Guardians to see all the ingredients in any meal.

LFL can provide telephone advice and further information about specific dishes, please contact Barry Dovell, Catering Manager, on 01308 428921 or email barry.dovell@localfoodlinks.org.uk.

I consent to my son/daughter receiving school meals from Local Food Links and I will keep LFL updated about any changes to their dietary requirements. I understand that LFL will keep records in respect of allergies and contact me if the need arises.

Signed _____ **Date** _____