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## Food allergy and intolerance notification form

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Chapter One understands that food allergies can present serious problems for some of our pupils.

This form is designed to collect information about pupils who have allergies/intolerances so that we can cater for them appropriately.

This form should be completed by the parent or guardian of pupils under the age of 18.

**Name of pupil:**

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### Part 1: To be completed by parents/guardian

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**1a)** Does your child have an allergy or intolerance to any of the following allergens?

**No**

Please go to part 2

**Yes**

Please tick the relevant box or boxes below

Peanuts	Milk	Crustacean	Soybeans	Fish
Nuts	Sesame seeds	Celery	Mustard	Lupin
Eggs	Molluscs	Gluten	Sulphites	Other (please state)

If you ticked any of the above boxes please provide further details of the nature of the allergy/intolerance:

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**1b)** Has this allergy or intolerance been medically diagnosed?

**No**

**Yes**

**1c)** Chapter One use a colour coding system to identify special diets. Please tick which applies to your child:

**RED** – Pupil has a severe life threatening allergy/ anaphylactic shock

**AMBER** – Pupil has an allergy or intolerance

**BLUE** – Pupil excludes foods due to preference including religious preference

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**If you have ticked RED please note:**

Where Chapter One cater for pupils under the age of 16 with a special diet in the RED category, we strongly recommend that a freshly prepared pre-plated meal is provided for them. A pre-plated meal is the safest way to minimise the risk to the pupil.

**Chapter One do not use peanuts or any tree nuts within any of the food we prepare and serve.**

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## Part 2: Religious preferences

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Please provide details of non- permitted foods due to religious faiths and beliefs in the box below:

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## Part 3: Parent / guardian acceptance

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Whilst we can provide meals which do not include nominated allergens, we cannot guarantee that dishes do not contain traces of allergens, as they will be stored and prepared in the same areas as nominated allergens.

**I confirm that the information supplied within this document is correct. Any changes in my child's allergy/intolerance status will immediately be highlighted to the school/catering manager.**

Name of Parent/Guardian completing this form:

Once this completed form has been received, a meeting can be arranged between the Operations Manager and the parent/guardian or school to discuss your child's food requirements in more detail.

