**Food Allergy and Intolerance Notification Form September 2021**

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 and returned to the **school**.

**Name of pupil\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

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

|  |  |  |
| --- | --- | --- |
| **No** |  |  |
|  |  |  |
| **Yes** |  | Please tick the relevant 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:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Yes** |  |  | **No** |  |

**1B.** Has this Allergy or Intolerance been medically diagnosed?

**1C.** Holroyd Howe 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** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Yes** |  |  | **No** |  |

**1D.** If you have ticked **RED**, do you require a meal to be prepared and pre-plated separately from the main dishes?

**2.** Is there anything that your child cannot eat for religious or cultural reasons?

|  |  |  |
| --- | --- | --- |
| **No** |  |  |
|  |  |  |
| **Yes** |  | If yes please list in the box below |

**Part 3: Parent/Guardian Acceptance**

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. Please be aware that while Holroyd Howe do not use nuts in any of the food we prepare and serve, we are unable to guarantee that dishes/products served are totally free from nuts/ nut derivatives, due to the use of precautionary allergy statements such as ‘may contain’ which are used by our suppliers.

**Data Protection - please tick where you agree / give permission:**

|  |  |
| --- | --- |
| I’m happy for my child’s allergen information and photo (where provided) to be passed to Holroyd Howe to enable them to assist the school in correct food provision. |  |
| I’m happy for my child’s allergen information and photo (where provided) to be displayed next to the main servery area to enable the catering staff to check allergy information. |  |

**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:**

|  |  |
| --- | --- |
| **Name of Parent/Guardian completing this form** |  |
| **Signature** |  |
| **Date** |  |
| **Daytime contact telephone number** |  |