



Special Diet / Food Allergies & Intolerances



Over the past few years there has been an increase in the number and complexity of special diets being requested by families for their children. To ensure pupils who require a special diet for medical reasons are kept safe, a procedure has been introduced by the London Borough of Sutton and our caterer, Caterlink.

A special diet is required where a pupil has a food allergy and/or intolerance which has been identified by a NHS professional, a GP/consultant or registered dietician. It does not cover lifestyle choices or religious requirements.

If your child has a food allergy/intolerance please complete the form on the following page and provide recent supporting evidence from an NHS professional, a GP/consultant or registered dietician.

Once this has been received we will securely share this information with Caterlink who will prepare a Special Diet Menu reflecting the dietary requirements of your child as detailed by the medical professional.

Your child will be provided with a lanyard to wear in the dinner hall which will clearly identify them as requiring a special diet and will be assisted by a member of staff to ensure they are provided with the correct food.

ONLY COMPLETE IF YOUR CHILD REQUIRES A SPECIAL DIET



Special Diet / Food Allergies & Intolerances Form

PUPIL DETAILS						
Child's Name						
Class		Date of birth				
Date form issued to the school and to whom		N/A				
Is this a new form, or an updated one?		New		Updated		
Please circle which food allergy or intolerance the child has (These do not include lifestyle or religious choices) *If you need more room, please use the other side of the page to provide further detail and state here "please turn over"		Peanut	Milk	Crustacean	Soybean	Fish
		Celery	Nuts	Sesame Seeds	Mustard	Lupin
		Eggs	Molluscs	Gluten	Sulphites	Other*
If also required as part of a special diet, please state, such as No Beef/ No Pork/Halal/Vegan/Vegetarian/Pescatarian						
Acceptable medical evidence enclosed – documentation from a professional medical source i.e., a medical doctor, registered dietitian, nurse or other qualified NHS medical professional.					Tick	
REACTION/MEDICATION INFORMATION FOR SCHOOL USE						
INFORMATION FOR SCHOOL: Please give details of what the symptoms are when exposed to the above declared allergens and intolerances and what level of exposure is required to cause a reaction, e.g., airborne, contact or ingestion						
Is Auto Adrenaline Injector (e.g., EpiPen) required?		Yes		No		
If answered yes to the above question, please state clearly which of the allergens this relates to:						
If EpiPen / Medicine is needed who is to be contacted and is it to be kept on site at the school		EPIPEN'S / MEDICINE MUST BE KEPT ON SITE AT THE SCHOOL IN LINE WITH SCHOOL'S OWN PROCEDURES				
SCHOOL DETAILS						
Name of School		DEVONSHIRE PRIMARY SCHOOL				
School Address (in full)		DEVONSHIRE AVENUE, SUTTON, SM2 5JL				
PARENT/GUARDIAN DETAILS						
Main Contact Name & relation to child						
Main Contact - Phone Number(s) / E-mail address						
Second Contact Name & relation to child						
Second Contact phone number						
DATA PROTECTION					TICK	
I'm happy for my child's allergen information to be passed to Caterlink to enable them to assist the school in appropriate food provision						
I'm happy for my child's allergen information to be displayed next to the main servery area to enable the catering staff to check allergy information						
Parent name:		Signature:		Date:		