



Wednesday 20th September 2023

Food Allergy & Intolerance Form

Dear parents/carers,

I trust this letter finds you in good health and high spirits. We are writing to you today to highlight the importance of maintaining a safe and healthy dining environment for all children at Perry Hall Primary School.

Attached to this letter, you will find a form that we kindly request you to complete. This form is designed to help us better understand any food allergies, intolerances, or food-related medical conditions that your child may have. This information will be invaluable in assisting our catering service, Caterlink, to provide a menu that caters to your child's specific dietary needs and ensures their well-being.

Before filling out the form, we urge you to take a moment to review the supporting text located at the top of the form. This will provide you with essential guidance on how to complete the form accurately and comprehensively.

In cases where you choose to provide your child with a packed lunch, we kindly request your cooperation in ensuring that the lunch adheres to our health standards. Sweets and chocolate are not in alignment with our school's commitment to maintaining a healthy dietary environment. We encourage you to include nutritious options that contribute positively to your child's overall well-being.

Additionally, if you choose to include grapes in your child's packed lunch, we ask that you cut them into halves or quarters. This precaution is taken to reduce the risk of choking hazards, as whole grapes can pose a danger to young children.

We deeply appreciate your commitment to the health and safety of all our children and your cooperation in maintaining our school's high standards. If you have any questions or require further information regarding dietary guidelines, please do not hesitate to contact the school office. Staff is readily available to assist and address any concerns you may have.

Your prompt completion of the attached form will enable us to collaborate effectively with Caterlink to provide a suitable menu for your child. Your proactive involvement is instrumental in creating a secure and nurturing environment for all children at Perry Hall.

Thank you for your ongoing support and trust in our school community. Together, we can ensure that each child receives a healthy and safe dining experience.

Warm regards,

Mr L Fellows
Headteacher

By completing this form, you wish to inform the school that your child has a food allergy or intolerance or a food-related medical condition and wish to have a menu provided for your child to have a school lunch. This form is not to be used for lifestyle choices such as veganism or religious dietary requirements.

Caterlink work closely with their suppliers and aim to be as accurate as possible, but it must be noted that they can only be guided by the information the suppliers provide, like the process of a parent catering for a child's special diet. It is essential that all parties concerned work together when providing a safe special diet and that this is reviewed with every menu change, therefore please ensure this form is fully completed with clear and accurate information.

It is vital that all forms are accompanied with a referral letter from a medical professional (G.P/ consultant /dietician). **This form must be handed into the school and discussed with them (NOT the Caterers).**

PUPIL DETAILS						
Child's Name						
Class		Date of birth				
Date form issued to the school and to whom						
Is this a new form, or an updated one?		New		Updated		
Please circle which food allergy or intolerance the child has <i>(These do not include lifestyle or religious choices)</i>		Peanut	Milk	Crustacean	Soybean	Fish
		Celery	Nuts	Sesame Seeds	Mustard	Lupin
If you need more room, please use the other side of the page to provide further detail and state here "please turn over"		Eggs	Molluscs	Gluten	Sulphites	Other
		*Other – please state				
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						
SCHOOL DETAILS						
Name of School						
School Address (in full)						
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:		