

Special Diet / Allergy Form

Wixams Academy is committed, where possible, to providing meals for children needing special diets for medical and cultural requirements. We work closely with our suppliers and aim to be as accurate as possible, but it must be noted that we can only be guided by the information the suppliers provide, similar to the process of a parent catering for a 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 and returned to the Academy’s office*.* A ‘Food Allergy Record Sheet’ and photo of children will also be displayed on the kitchen wall within the servery.

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| PUPIL DETAILS |
| Child’s name |  | MALE / FEMALE |
| Date  |  |
| My child has a special diet/known allergies:(Please tick) | Yes |  | No |  |
| Anaphylaxis/Medication required for allergy: (Please tick)  | Yes |  | No |  |
| Allergy information *please circle* or specify diet required: | Peanuts Milk Crustacean Soya FishCelery Nuts Sesame Seeds Eggs GlutenMustard Lupin Sulphites MolluscsOther (please state) |
| Please specify if your child requires medication for known allergies: (Please bring this medication into the school office as soon as possible with a medication consent form)  |  |
| **PARENT/CARER DETAILS** |
| Main contact name and relationship to child: |  |
| Main contact phone number: |  |
| Main contact e-mail: |  |
| **OTHER INFORMATION (for office use only)** |
| Has a photo ID form been completed and issued to the kitchen? |  |
| Has the Chef Manager been informed? |  |
| If Epipen/Medicine is needed who is to be contacted and is it kept on site? |  |

**Please return this form to the Academy Office**