OLIVE DINING

ALLERGEN FORM

Olive Dining are committed to provide meals for children with special dietary needs, where possible, these can include 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 supplier provides.

It is essential that all parties concerned work together when providing a safe special diet and that this is reviewed regularly with every menu change or dietary requirement change.

Please ensure this form is fully completed. All forms must be accompanied with a referral letter from a medical professional (GP/Consultant/dietician). This should then be handed in to the school office.

On receipt of these documents, the school will contact Olive dining so that we can work together to provide a safe and suitable menu for the student.

Please note that the student will be introduced to the catering team, they may also either wear a lanyard or have a photo placed within the kitchen area, thereby ensuring that the student can be identified at the point of service and receive the correct meal.

School Name: _____ **Date:** _____

Pupil Details

Child's Name: _____

Year Group: _____ **Class:** _____

Dietary requirements/allergies: (please tick all that apply)

- ☐ Celery
- ☐ Crustacean
- ☐ Eggs
- ☐ Fish
- ☐ Gluten (please specify type)
- ☐ Lupins
- ☐ Milk
- ☐ Molluscs
- ☐ Mustard
- ☐ Nuts
- ☐ Peanuts
- ☐ Sesame
- ☐ Soya
- ☐ Sulphites
- ☐ Other (please specifiy)

Types of Gluten: Barley, Oats, Rye or Wheat

Specify here:

_____

Please state the severity of the allergy(ies): (e.g. milk is an intolerance / nuts are an airborne allergy)

_____

_____

_____

Is an EpiPen required? ☐ **Yes** ☐ **No**

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Parent/Guardian Details

Main contact name & relation to child: _____

Main contact phone number: _____

Main contact email: _____

Second contact name & relation to child: _____

Second contact phone number: _____

Other Information

Is the head teacher involved/aware? ☐ Yes ☐ No

Current Olive Dining Chef manager's name: _____

School contact regarding special diets/allergies: _____

Photo ID form completed & issued to the kitchen? ☐ Yes ☐ No

Has the chef manager been informed? ☐ Yes ☐ No

If an EpiPen/medicine is required, who needs to be contacted and is it kept on site?

_____

Parent/Guardian Signature: _____ **Date:** _____

School contact Signature: _____ **Date:** _____

Print Name: _____

Olive Dining Signature: _____ **Date:** _____

Print Name: _____

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