OLIVE DINING

ALLERGEN FORM

Olive Dining are committed to providing meals for children with special dietary needs. As per our Allergen Management Policy we treat **allergies and intolerances with the same level of care, and cannot cater for the provision of allergens in moderation or in different cooked forms i.e. raw or baked egg.**

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.

Please ensure this form is completed in full, if it has not been fully completed then it will not be processed. If you require assistance with understanding or completing this form, please contact the school for support.

All forms **must** be accompanied with a letter from a **medical professional (GP/Consultant/Dietician) providing evidence of all allergens documented below**. Any **changes** to a medical diet require an **update form and evidence reflecting this**. This should then be handed in to the school office.

School Name: _____ **Date:** _____

Pupil Details (to be completed by Parent/Guardian)

Child's Full Name: _____

Date of Birth: _____ **Year Group:** _____

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

14 EU allergens

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

Other allergens

- ☐ Beans
- ☐ Chickpeas
- ☐ Coconut
- ☐ Kiwis
- ☐ Lentils
- ☐ Melon
- ☐ Peas
- ☐ Oranges
- ☐ Strawberries
- ☐ Tomatoes
- ☐ Pineapples
- ☐ Other (please detail below)

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**

My child also requires (please tick all that apply):

- ☐ Beef Free
- ☐ Halal
- ☐ Pork Free
- ☐ Vegan
- ☐ Vegetarian

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Parent/Guardian Details (to be completed by Parent/Guardian)

Main contact name & relation to child:	
Main contact phone number:	
Main contact email:	

Declaration (to be completed by Parent/Guardian)

Olive Dining are required to maintain certain personal data about individuals for the purpose of our operational and legal obligations. Personal data may consist of data kept on paper, computer or other electronic media; all of which is protected under the Data Protection Act 1998 and subsequently GDPR. All personal data obtained and held by the company will be collected for specific, explicit and legitimate purposes. The information on this form and attached medical evidence is required to feed your child safely. Data provided is required to be relevant, accurate and kept up to date, and will not be kept for longer than necessary for its given purpose.

By completing this form, parents/guardians are consenting for an adapted Olive Dining medical diet menu to be prepared for their child. Parents/guardians are confirming that their child has an allergy, intolerance or other special diet requirement and this form is not about their child's food preferences. If Olive Dining become aware of any other medical diet requirement which has not been notified through a request form with supporting evidence, service may be refused.

I consent to Olive Dining processing this personal data for the purpose of providing a medical diet and I confirm that I have read and understood the above declaration.

Parent/Guardian Signature:		**Date:**	
Print Name:			

Acknowledgement by Relevant Parties (to be completed by School and Olive Dining)

School Contact Signature:		**Date:**	
Print Name:			
Olive Dining Signature:		**Date:**	
Print Name:			

Once this form has been completed please return it, alongside medical evidence, to your child's school and send a copy to nutrition@olivedining.co.uk.

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