

Medical Diet / Food Allergy Request Form

For special dietary requirements



Child details:

Child's name Date of Birth Male/Female
 School name Class/ Form

Parent / Carer details:

Contact name Contact phone number
 Address
 Post Code
 Parent's email address

Details of Special / Medical Requirement Requested

Allergen	Allergy / Intolerance? Tick	Allergen	Allergy / Intolerance? Tick
Celery		Molluscs	
Crustaceans		Mustard	
Gluten		Nuts	
Egg		Peanuts	
Fish		Sesame Seeds	
Lupin		Soya	
Milk / Dairy		Sulphur Dioxide	

Any other allergy, please list

Parent / Carer Signature Print Name

Date

Received by Lunchtime Company Print Name

Date

This form should be held with the pupil's individual treatment plan in the school office and a copy given to all parties who have signed.

This menu will be planned around eliminating the reported allergen/s. The menu will be nutritionally balanced where possible and as close to the standard menu as the diet will allow. The Lunchtime kitchens are nut free environments and we take every precaution to eliminate cross contamination with all allergens. However, we cannot guarantee 100% allergen free.

Please email a copy of this form to medicaldiets@lunchtime.co.uk