

School number: _____ School Name: _____ Contract: _____

Pupil's Name and Date of birth	Type of Diet/Food intolerance or Allergy	Epipen Required? Yes /No	Date of commencement of menu for pupil	Medical evidence provided Yes/No*	Reaction/Symptoms Actions discussed and agreed
Name: Date of Birth: Year Group:					

Contract Manager Signature: Cook Manager Signature: Parent/Carer Signature:

Parent/Carer email address: (PLEASE PRINT CLEARLY)..... Date:
 (If Parent/Carer is not happy to provide an email address then a contact address for correspondence will be required)

Parent/Carer contact address for correspondence:

The School Representative must receive a copy of this form and it is their responsibility to ensure that the school employed staff (e.g. mid-day staff) are aware this pupil has a food allergy/intolerance. School staff should also be aware of potential symptoms and the appropriate course of action or treatment should the need arise.

School representative signature: Print Name: Date:

Please be aware that there is always a risk that traces of allergens may be transferred to items from our menu during processing, storage or preparation in our kitchens. For these reasons Hertfordshire Catering Limited is unable to guarantee that any item on any of our menus is free from traces of allergens.

“HERTFORDSHIRE CATERING LIMITED (HCL) WILL TAKE EVERY POSSIBLE PRECAUTION TO ENSURE THAT FOOD ITEMS MENTIONED ABOVE WILL NOT BE GIVEN TO THE IDENTIFIED PUPILS. ALL APPROPRIATE PROCESSES WILL BE MANAGED, BUT PLEASE NOTE THAT NO GUARANTEES CAN BE GIVEN”

PLEASE REFER TO GUIDELINES OVERLEAF

Guidelines

1. The Contract Manager should supply Parent/Carer with details of the menus and the Parent/Carer will be required to agree and sign the menus. Subsequent menu changes will be advised by email or postal communication.
2. Copy of signed AL3 form, agreed menu and supporting evidence (to include medical evidence where possible) to be provided to:
Hertfordshire Catering Limited's Food Development Officer
Head Teacher

Copy of signed AL3 form and agreed menu to be provided to:
Cook Manager
Parent/Carer
3. Copies of the signed documentation needs to be kept by the school office and the Cook Manager and stored in the Red Allergen Folder to ensure that relevant staff have access to the documentation at all times. The folder should be kept in a prominent place.
4. **It is the responsibility of the Parent/Carer to inform in writing Hertfordshire Catering Limited of any changes to the pupil's allergy/intolerance.**
- * 5. Hertfordshire Catering Limited's preferred option is to only provide a specific menu when a signed letter from a recognised medical body has been provided. This is to ensure that food groups are not being withdrawn from a pupil's diet without medical supervision. In the absence of such evidence **THE PARENT/CARER MUST SIGN THE DISCLAIMER BELOW.**

I declare that the pupil named overleaf has an allergy/intolerance to the products listed overleaf. In the absence of evidence from a medical professional, I fully accept responsibility that the above is a full, true and accurate record of the pupil's diagnosis and requirement. I understand that Hertfordshire Catering Limited will use this information to assess the risk in feeding the pupil and to prepare appropriate menus

Parent/Carer Signature: Parent/Carer Name: Date:

HERTFORDSHIRE CATERING LIMITED RESERVES THE RIGHT TO DECLINE A REQUEST TO PROVIDE A MENU IF IT CONSIDERS THAT THE MEDICAL RISK IS TOO GREAT OR IF INSUFFICIENT EVIDENCE AND SUPPORT HAS BEEN PROVIDED.