



WELLSPRING

We Make A Difference

## Food Safety Management Form Special Diets Information / Allergen Form

Parent and carers must complete this form in BLOCK CAPITALS and return it to the school office. The information provided will be used to create a special menu for the child named below.

### Section A : General Details

Full Name of Pupil	
Class/Form/Tutor	
Your Name	
Your relationship to the child	

### Section B : Declaration

<p>I confirm my child has a food allergy, intolerance or other dietary-related medical condition that needs addressing. The information in this form isn't about my child's food preferences.</p> <p>I will ensure that the school office is kept informed regarding changes to allergies and intolerances as soon as possible by completing a new version of this form.</p>			
Parent/Carer Signature		Date	

### Section C : Allergen Details

Does your child have a food allergy?	YES / NO
If YES, complete the remainder of this section. If NO go to Section D.	
<p>Please include as much information as possible about your child's food allergy in the space below. For example:</p> <ul style="list-style-type: none"><li>• Can they tolerate products that say 'may contain traces'?</li><li>• What types of nuts are they allergic to or should they avoid all nuts?</li><li>• Should they avoid all forms of the allergen or can they tolerate some forms, for example raw, baked or cooked?</li></ul> <p>If possible, please provide a copy of any relevant medical assessment or confirmation.</p> <p>We cannot guarantee the absence of any specific allergen. Our team will be happy to talk to you about what we do in the kitchen to reduce the risks of allergen cross-contamination.</p>	

Allergen	Tick if YES	Additional Information
Celery		
Cereals (containing gluten)		
Crustaceans		
Egg		
Milk		
Molluscs		
Fish		
Lupin		
Mustard		
Nuts		
Peanuts		
Sesame Seeds		
Soya		
Sulphur Dioxide (Sulphites)		
<b>Other Food Allergies</b> - please provide as much information as possible about your child's condition here:		
Does your child have an adrenaline auto-injector?		YES / NO

**Section D : Other Dietary-Related Conditions (these may or may not be medically diagnosed.)**

Does your child suffer from a medically diagnosed dietary-related condition (like coeliac disease)?	YES / NO
If YES, please provide as much information as possible about your child's condition here:	
Does your child have any food intolerances?	YES / NO
If YES, please provide as much information as possible about your child's condition here:	
Does your child have any concerns over specific types of food?	YES / NO
If YES, please provide as much information as possible about your child's concerns here:	