



Olive Dining are committed to provide meals for children with special diets for medical and cultural requirements, where possible. 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, similar to the process of a parent catering for a special diet

It is essential that all parties concerned work together when providing a safe special diet and that this is reviewed with every menu change. Therefore, please ensure this form is fully completed. If parents and Headteachers are happy, we will also display a "Food Allergy Record Sheet" and photo of child on the kitchen wall near the servery

It is vital that all forms are accompanied with a referral letter from a medical professional (GP/Consultant/dietician). It is important the unit manager and kitchen team or survey supervisor have met the child requiring the special diet to ensure they give the right meal to the right child. This form should be handed into the school and discussed with them in the first instance

PUPILS DETAILS										
Childs Name							MALE/FEMALE			
Class										
Date form issued to the school and to whom										
Diet required or allergy information Please Tick	<input type="checkbox"/>	Peanut	<input type="checkbox"/>	Milk	<input type="checkbox"/>	Crustacean	<input type="checkbox"/>	Soybean	<input type="checkbox"/>	Fish
	<input type="checkbox"/>	Celery	<input type="checkbox"/>	Nuts	<input type="checkbox"/>	Sesame Seeds	<input type="checkbox"/>	Mustard	<input type="checkbox"/>	Lupin
	<input type="checkbox"/>	Eggs	<input type="checkbox"/>	Molluscs	<input type="checkbox"/>	Gluten	<input type="checkbox"/>	Sulphites	<input type="checkbox"/>	Other
	Other – please state									
SCHOOL DETAILS										
Name of School										
School Address in full										
Is the head teacher involved/aware										
Olive Dining ops managers name	FOR SCHOOL USE ONLY									
Unit Manager	FOR SCHOOL USE ONLY									
Production kitchen address if different to school										
Mid-day Supervisor or School contact regarding special diets/allergies										
PARENT/GUARDIAN DETAILS										
Main contact name and relation to child										
Main contact – Phone number(s) / E-Mail address										
Second contact name and relation to child										
Second contact phone number										
OTHER INFORMATION										
Has a photo ID form been completed and issued to the kitchen										
Has the unit manager been informed?										
If Epipen/medicine is needed who is to be contacted and is it kept on site?										