

BURY CATERING SERVICES

SPECIAL DIETARY REQUEST FORM

Name of School	
School Contact Details for Special Diets/Allergens	Name: Contact:
Pupil	Name: Form:
Parent/Carers Name	
Parent/Carers Contact Details	Telephone: Mobile: Email:
Special Diet Type	
Allergic To	
Level of allergic reaction	
Action to be taken if allergic reaction occurs	
Parent/Carer Contacted;	DATE..... Comments DATE.....Comments
Doctor/Hospital/ Health Authority/ Dietician	Medical evidence relating to this special diet has been seen by : <u>School Representative</u> Print Name..... Signed..... Date..... <u>Catering Service Management Representative</u> Print Name..... Signed..... Date.....

Additional Information	
Special diet /allergen meeting. All Contact details shared	Date: Persons Present:
Type of Allergy / Special Diet Information discussed with parent. Prescription Required?
Information from Dietician	Date of Correspondence: Contact details:
Meal Plan information Agreed with Area Manager / Parent /Carer Information passed to School Representative to retain on File Signed: Date: Signed: Date: Signed: Date:
Commencement Date for Diet

<p>Bury Council Catering Disclaimer</p>	<p>Although procedures will be followed within kitchens for the preparation and service of foods, we cannot guarantee that foods are totally allergen free as we have no direct control over our manufacturers' procedures as some products may have been produced in factories where allergens have or may have been present.</p>
<p>Changes to dietary requirements</p>	<p>It is the responsibility of the parent/carers to inform Bury Council Catering of any changes to their child's existing dietary requirements or the agreed pupil diet plan.</p> <p>Parent/Carer Signature Date.....</p>

<p>Notes from further meetings – inform school</p> <p>Date of meeting and or conversation</p>	
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