Special Diets/Allergy Form Please send the completed form to:

info@stirfood.co.uk

The Company is committed to providing meals for children with special diets for medical and cultural requirements.

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 the parents and Head teacher are happy, we will also display a 'Food Allergy Record Sheet' and a photo of the child on the kitchen wall near the server.

It is helpful if forms are accompanied with a referral letter or other information from a medical professional (GP/consultant/dietician), if possible.

Students Details							
School/Academy				Male	Female		
Student's Name							
Student's Class							
Diet required or allergy information (please tick)	Peanut	Milk	Crustacean	Soybean	Fish		
Can have 'may contain'? YES or NO	Celery	Nuts	Sesame Seeds	Mustard	Lupin		
	Eggs	Molluscs	Gluten	Sulphites	*Other		
	*Other – Please state						
Please provide details of the nature of the allergy/intolerance							
Has the allergy or intolerance been medically diagnosed? (Please provide evidence. This must be provided for RED students)							

The Company uses a colour coding system to identify student requirements. Please tick which							
applies: RED – student has had a severe reaction/anaphylactic shock to know food							
AMBER – student has an allergy or intolerance							
BLUE – student excludes foods due to lifestyle choice							
For students that have been identified as RED a meeting may be necessary between the Company and Parents to discuss the student's requirements and agreed actions. Without this meeting we may not be able to cater for the student due to the unknown risk.							
Lifestyle – please provide details for dietary requirements based on lifestyle choices:							
		Λ	March 2020				
	Parent/G	uardian Details					
Main contact name and relationship							
Main contact – phone number and email address							
Second contact – name and relationship							
Second contact - phone number							
Other Information							
Has a photo ID form been completed and issued to the kitchen?		If EpiPen/ medicine is needed, who is the contact in school and is it kept on site?					
Parent/Guardian Acceptance							
Whilst we can provide meals which do not include allergens, we cannot guarantee that dishes may not contain traces of allergens, as these may be stored, prepared & cooked in the same kitchen as well as present in some ingredients from our suppliers due to production techniques. I confirm that the information supplied is correct and will notify of any changes to the school and caterer immediately. I also understand that this information will be shared with others and displayed in the kitchen (photo & allergy)							
Name		Signed	Date				
Agreed Actions							

RED Category Student						
Plated Meal provided						
Packed lunch provided by the parent/guardian						
Student going home						
Other						
AMBER & BLUE Student - Please list suitable foods						
Any other relevant information						
Operations/Area Manager	Signed	Date				
Unit Manager Name	Signed	Date				