

# Special Dietary Request Form

School:.....

If it is your intention to have a meal provided by abm catering Ltd, we will require all the below information to be completed. We will then review the information and notify you and the school if we are able to provide a special diet menu for your child.

<b>Student Information</b>						
Full Name:				Known as:		
Date of Birth:						
Year / Class:						
<b>Allergy Information (please tick)</b>						
Celery	Gluten	Crustaceans	Eggs	Fish	Lupin	Milk
Molluscs	Mustard	Nuts	Peanuts	Sesame Seeds	Soya	Sulphur dioxide
Other:						
Please note that if the allergy is outside the above 14, medical / backup evidence is required. Without this information we will be unable to provide a special diet menu for your child						
Is your child any of the following (please tick)						
Vegetarian:		Vegan:		Halal:		
Symptoms of allergy:						
Treatment required:						
Epi Pen required for anaphylaxis (please tick)		Yes		No		
Other:						
<b>Contact Information</b>						
Parent/Guardian Name:				Attached Medical Support Evidence: YES/NO		
Special diet form passed to abm catering ltd: Signature of School Representative:				Date:		
Date special diet issued by abm catering ltd:				Signature of abm representative:		
<b>Receipt and agreement of Special Diet:</b>						
Date:						

**It is vital that should there be any changes to the information provided that we are notified immediately to enable us to ensure the food we serve is still safe.**