

Food Allergy Record Form

Special Dietary Needs Information

At Blackwell Fist School we are committed to provide meals for children needing special diets for medical and cultural requirements, where possible.

We do our best to cater for children with food allergies and are able to cater for most comfortably. We do, however, have limitations and would like to ask you to take the time to read through these below.

The Blackwell Kitchen is totally nut free; our menus do not include any nuts in them and we do not hold nuts in our kitchen. We cannot, however, guarantee that the ingredients we receive from our suppliers are from a nut free factory. If your child has a nut allergy we will still require you to fill a form and send it back to the school office.

Apart from nuts our kitchen are not completely allergen free and therefore parents must be aware of the limitations we have when offering an alternative meal.

- The preparation area for allergen free meals is cleaned thoroughly and all allergens are kept separate before making the alternative meal, however we cannot guarantee that there will be no cross contamination as there will, potentially, be allergen food in the same kitchen at all times
- We cannot accept responsibility for airborne allergens as our kitchen is not completely allergen free
- The children will have a named seat at lunchtimes to ensure all staff and pupils are aware your child has an allergy
- We cannot be held responsible for your child sitting next to another person with a meal that is not allergen free
- Blackwell First School will do our utmost to ensure your child is given an allergen free meal but cannot be responsible if your child eats from another child's plate or is given food from another pupil that is not allergen free

It is essential that all parties concerned work together when providing a safe special diet and that this is reviewed every academic year.

Please ensure this form is fully completed and returned to the office.



Food Allergy Record Form

PUPILS DETAILS						
Child's Name			!	r — — — — · I		
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Diet required or Allergy information <i>please circle</i>	Peanut	Milk	Cru	<u>t</u> stacean	Soybean	! Fish
	Teamac	WIIIK	Gru	Staccan	Soybean	1 1311
	Celery	Nuts	Ses	ame	Mustard	Lupin
						•
	Eggs	Molluscs			Sulphites	Gluten
	Other – please state					
	Other – piease state					
If a texture modified diet is						
required, please provide details						
Year Group						
•	completed by	<i>y</i> a regulate	ed hea	althcare pi	rofessional su	ich as GP
MEDICAL REFERRAL (to be completed by a regulated healthcare professional such as GP or Dietician OR supported by a letter from a healthcare professional – state below if letter						
enclosed)						
A letter from a healthcare pro	fessional, old	d or new is	accep	ptable. Ple	ase tick if	
enclosed.						
Practice/surgery/address						
Any further clarification/						
details on the special dietary						
requirement						
Health gare professional						
Healthcare professional signature						
Consent to Store Da	ta in line wit	th General	Data_	Protection	Regulations	
Parent/Carer Signature	Date					<u> </u>
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