

Food Allergy Record Form

Special Dietary Needs Information

At Blackwell First School we are committed to provide meals for children needing special diets for medical, dietary 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 kitchens are not completely allergen free and therefore parents must be aware of the limitations we have when offering an alternative meal. Further to our risk assessment:

- 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
- All food provided by Blackwell Kitchen has been analysed for the presence of the 14 key allergens and this information is on our website.

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

Free School Meals:

If your child qualifies for Free School Meals and you feel that the above factors mean our kitchen cannot reasonably provide appropriate allergen free food then please contact the school to discuss possible options.

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



Food Allergy Record Form

PUPILS DETAILS																					
Child's Name	<div style="border: 1px dashed black; width: 150px; height: 100px; margin: 0 auto;"> Insert Photo </div>																				
Diet required or Allergy information <i>please circle</i>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 16.6%;">Peanut</td> <td style="width: 16.6%;">Milk</td> <td style="width: 16.6%;">Crustacean</td> <td style="width: 16.6%;">Soybean</td> <td style="width: 16.6%;">Fish</td> </tr> <tr> <td>Celery</td> <td>Nuts</td> <td>Sesame</td> <td>Mustard</td> <td>Lupin</td> </tr> <tr> <td>Eggs</td> <td>Molluscs</td> <td></td> <td>Sulphites</td> <td>Gluten</td> </tr> <tr> <td colspan="5"><i>Other – please state</i></td> </tr> </table>	Peanut	Milk	Crustacean	Soybean	Fish	Celery	Nuts	Sesame	Mustard	Lupin	Eggs	Molluscs		Sulphites	Gluten	<i>Other – please state</i>				
Peanut	Milk	Crustacean	Soybean	Fish																	
Celery	Nuts	Sesame	Mustard	Lupin																	
Eggs	Molluscs		Sulphites	Gluten																	
<i>Other – please state</i>																					
Attach a copy of the child's Allergy Action Plan & Anaphylaxis RA	<i>Please tick:</i>																				
If a texture modified diet is required, please provide details																					
Year Group																					
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 professional, most recent or within the last 6 months if a recent diagnosis . Please tick if enclosed. Please keep the school informed of any changes.	<input type="checkbox"/>																				
Practice/surgery/address																					
Any further clarification/ details on the special dietary requirement																					
Healthcare professional signature																					
Consent to Store Data in line with General Data Protection Regulations																					
Parent/Carer Signature	Date																				

