EC46: Pupil Dietary/Food Allergy Request Form

SMD

Nottinghamshire

This form is for parents to complete if your child has a special dietary requirement. The information provided will be used to inform the School and School Caterers when providing meals for your child. Please return this form to the school office to start the Special Diet Registration process.

SECTION 1. DETAILS OF THE PUPIL							
Pupil's name:							
School name:							
<u></u>							
School address							
(including postcode):							
Gender:					Date of Birth:		
SECTION 2. CONTACT	DETAILS						
Name of contact:							
Email address:							
Email address.							
Daytime telephone number:					Mobile		
number:					telephone number:		
					number.		
Relationship to pupil:							
Address (including							
postcode							
•							
SECTION 3. DIET DETA	ILS - PLEAS	E TICK THE BO	K THAT APPL	IES			
-							
Dietary Preference	<u>es</u>						
Vegetarian		Pescatarian	(Eats fish)		No Pork		
Vegan		No Beef			Other		
Food allergies							
Celery		Lupin		Sesam	e		
Crustaceans		Milk	-		Soya		
Eggs		Molluscs			ır dioxide		<u> </u>
Fish		Mustard		Tree N			<u> </u>
Gluten		Peanuts		Other	415		<u> </u>
Oluten	I	i canuts		Other			
		Diet Type:					
Medical diet		2.00 . 9 . 00					
Please provide more							
details							
Getans							
	Vereterie	• No pool to p	aviator provid	le nerent w	thursetarian		
SECTION 4- CHEF'S Vegan. No need to register, provide parent with vegetarian menu							
GUIDANCE Pork free- Register with SD, provide parent with vegetarian/substitute menu							
	Beef free - Register with SD, provide parent with vegetarian/substitute menu						
	Nut free- Register with SD – Nut free kitchen- Check substitutes						
	Allergen or Intolerance- Register with SD- Complete menu						
	Medical Diets- Register with SD- Complete menu						
File paperwork for all diets in blue special diet file							

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SECTION 5. ACTIONS DISCUSSED A menu <u>must</u> be provided to the pupil upon registration and each menu cycle	CHEF TO COMPLETE	<u> </u>			
If the pupil's dietary needs change, a <u>new</u> <u>EC46 must be</u> <u>completed,</u> and a new menu designed with the parent/carer).					
SECTION 6. PARENT/C	ARER SIGNATURE		1		
Signed:			Date:		
To be completed by school representative (to agree above actions and accept responsibility to inform school staff of					
the agreed diet):					
PRINT NAME:		SIGNATURE:			
DATE:		POSITION:			
DATE OF REGISTRATION:	SCHOOL SIGNATU				

Date of meeting:	TO BE COMPLETED AT EACH NEW MENU Comments/updates/actions: (Chef complete menu cycle update form on Cypad)	Parent/carer signature:	School chef signature:

It is the responsibility of the parent/carer to notify both the school chef and the school office in writing of any changes to dietary requirements previously agreed. Any queries please contact SpecialMedicalDietEnquiries@nottscc.gov.uk

We collect the above data in order to help us provide school catering services. We will store it securely and manage it in accordance with GDPR principles. For more information, please see https://www.nottinghamshire.gov.uk/media/1533665/schoolcateringandfacilitiesprivacynotice.pdf