Pupil Allergen or Intolerance Information Sheet for Kitchen Staff

Photo

Date: .....

Name: ……..

Class: ……..

I am allergic to: ……

……

Photograph to be updated annually

……

I cannot eat: ……

……

Medication kept at school: ……

……

ONSITE CATERING TEAM TO COMPLETE THE FOLLOWING

- I confirm that I / we have read and understood the above.
- I confirm that I / we have reviewed the tailored diet sheet uploaded to Cypad (if applicable)

SIGNED ……
(ONSITE CATERING TEAM)

PRINT NAME……

DATE……..

PLEASE ENSURE THIS FORM IS EASILY ACCESSIBLE BY ALL STAFF WORKING IN THE KITCHEN