

HARRISON CATERING SERVICES LTD
FOOD ALLERGY & FOOD INTOLERANCE MANAGEMENT FORM
(PRIMARY & PREP SCHOOLS)

V7

School			
Full Name of Child			
Year		Class	
Name of Parent / Guardian			
Have you read and agree to the Parent / Guardian Notice about managing Food Allergies and Food Intolerance? <i>If NO, the process cannot continue</i>	YES/NO		
Has professional medical evidence of the diagnosis been shown to the school? <i>If NO, the process cannot continue</i>	YES/NO		
Enter an 'x' in the box, on the right next to the ingredient(s) to which your child has an allergy or intolerance			
Celery		Molluscs (Mussels, Oysters)	
Cereals containing Gluten (Wheat, Barley, Rye, Oats)		Mustard	
Crustaceans (Prawns, Crabs, Lobster, Crayfish)		Nuts (Almonds, Hazelnuts, Walnuts, Brazil Nuts, Cashews, Pecans, Pistachios, Macadamia Nuts)	
Eggs		Peanuts	
Fish		Sesame Seeds	
Lupin		Soybeans	
Milk		Sulphur Dioxide / Sulphites	
If a food item on the menu has a "may contain" allergen declaration, we will treat it as if it does contain the allergen			
Has your child previously suffered an allergic reaction to any of the foods you have indicated above?	YES/NO		
Could the allergic reaction result in anaphylaxis?	YES/NO		
Is your child allergic to any other food/ ingredient not listed above?	YES/NO		
If YES , please give detail of other ingredients to which they have an allergy or intolerance			
Please note that the Company uses many of the 14 common food allergens in our busy kitchens and whilst all reasonable precautions will be taken to make sure the food is safe for your child to eat, there can be no absolute guarantee that the food will not contain anything to which your child has an allergy or intolerance			
<ul style="list-style-type: none"> • As parent / guardian I understand I am responsible for ensuring that accurate information about the food allergies or food intolerances affecting the child named above is detailed on this form and the school will be notified if there are any changes. • I consent to a current photograph of the child being attached to a copy of this form which will be used to assist in identifying the child when they are being served with food. • I understand that the child named above cannot be served with food for the first time until the above process has been fully completed. • The child will be identified at the counter before they are served with any food. • In order of preference, the method of identification is as follows: <ul style="list-style-type: none"> – Children with food allergies will be presented first in the queue by a member of school staff. – A member of school staff will present the child at the servery. – The child will be identified at the servery by wearing a lanyard, wristband or similar means of identification which is clearly visible, provided by the school and where the wearing of it supervised by the school. • Catering staff will not use facial recognition alone to identify the child at the counter and are unable to give advice or make recommendations on food allergies and food intolerances. • If the child with a food allergy is not presented at the counter by a method agreed with the school but the counter staff recognise the child, they will be served, and this will be recorded and reported to the school for corrective action to be taken. 			
Parent / Guardian Signature		Date	