

FM005

RECORD OF STUDENT/PUPIL WITH SPECIAL DIET REQUIREMENTS

School Name: _____ Area: _____

Name and pupil's date of birth	Type of diet	Epipen Required? Yes /No	Date of commencement of diet for pupil	Actions discussed and agreed
Name: Date of Birth:				

Area Manager's Signature..... Date:

Catering/Cook Manager's Signature:..... Date:

Parent/Carer Signature:..... Date:.....

School representative signature:.....Date:

School Representative receiving copy of information, with responsibility to ensure school employed staff (e.g. mid day staff) are made aware of diets being provided by the school kitchen:

Signature _____ print name _____ position _____

Guidelines

1. Copies including all additional information provided by GP parent etc once completed should be photocopied and filed :
 - One copy to Food Development Officer,
 - One copy in Headteacher's copy of school catering folder.
2. The Area Manager and Cook Manager should supply parent/carers with details of new menu and the parent/carers will be required to agree and sign the menus every menu change.
3. Special diets may only be implemented with a signed letter from a recognised medical body, and it is the responsibility of the parent/carers to advise of any changes.
4. Copies of the signed documentation need to be kept by the school office , the Cook Manager.
5. **It is the parent/carers responsibility to inform Hertfordshire Catering of any changes to the pupil's allergy/intolerance.**

"HERTFORDSHIRE CATERING WILL TAKE EVERY POSSIBLE PRECAUTION TO ENSURE THAT FOOD ITEMS MENTIONED ABOVE WILL NOT BE GIVEN TO THE IDENTIFIED PUPILS. ALL APPROPRIATE PROCESSES WILL BE MANAGED, BUT PLEASE NOTE THAT NO GUARANTEES CAN BE GIVEN."