


## Allergen & Intolerance Menu Request Form

This form is to be completed by the parent or guardian and is to be discussed with the Head of Kitchen at your child's school. Please ensure medical correspondence is included with your request.

All information will be held in accordance with data security and retention policies.

Pupil Details	
Name of Pupil:	
Class & Year Group:	
Allergies / Intolerances: 	
Insert Photo of Child	
Parent / Guardian Details	
Parent / Guardian Name:	
Contact Telephone Number	
Date Information completed	

Alternative Dishes Agreed: