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| In order for the named student to receive a school meal, Middlesbrough Council’s Catering team require you to complete the information below; | | |
| **Student Name** |  | |
| **School** |  | |
| **Year group** |  | |
| **Allergy Information** | | |
| **Celery Peanuts Egg**  **Crustaceans Soya Sulphur Dioxide**  **Fish Cereals containing gluten**  **Milk Molluscs**  **Mustard Sesame Seeds**   * **Please tick all allergy’s listed above and any other information we need.** | | |
| **Statement** | | |
| I understand that every reasonable effort will be made by school staff to avoid inadvertently giving any foods containing the allergen/s listed to the named student, but that this cannot be guaranteed.  The service continually reviews the products purchased and regularly request food specifications from our suppliers in order to provide your child with a suitable school meal.  The School and Catering Service have a shared responsibility with regards to your child’s individual requirements. Lunchtime Supervision is a factor in supporting the EHCP ensuring a whole school approach.  I agree to the above statement and confirm all information that has been added to this form is correct. If anything should change or there are any concerns it is my responsibility to contact the school/Catering service to communicate this information. | | |
| Date | |  |

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| --- | --- | --- |
| Health care/Dietitian information | Yes | NO |

|  |
| --- |
| If yes, please attach information with this form.  If No, please explain why below. |

|  |  |  |
| --- | --- | --- |
| Parent guardian’s full name (Printed) and signature |  |  |
| School Representative full name (Printed) and signature |  |  |
| MBC manager full name (Printed) and signature |  |  |
| Unit Supervisor’s full name (Printed) and signature |  |  |
| Date |  |  |

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| --- | --- | --- | --- |
| Date | Any changes | Position of staff member filling out the form | Name/Signature |
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\*if any changes are noted then a full new allergy form is to be provided with all details on the form.