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**Pupil Allergen or Intolerance Information Sheet**

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**