

School Meal Request Form

At Cambridgeshire Catering Services we endeavour to provide safe and balanced meals to children who have a medically diagnosed allergy/intolerance to the **top 14 allergens***. We will work with parents and health professionals to develop an individual menu for that child. In order for CCS to provide a medical diet menu for a child, parents should complete this form in full.

Please note: We cannot process this form or provide a menu without the support of the child’s health team. Please ask you GP/Health Professional to sign where indicated on page 2 or supply a GP’s letter confirming diagnosis.

School	Post code / Area
Telephone	

Child’s details	
Full Name	Date of birth: __/__/----
Parent/guardian: Mr /Mrs	
Telephone contact	Mob.....
Email	<input style="width: 100%;" type="text"/>
Please supply a current photograph of the child and give to the school or caterer.	

Please complete both sides and email (preferable) or post to the **address given below**.
Please allow two working weeks for the menu to be arranged and in the meantime continue to supply a packed lunch from home until the menu is in place.

Please note that on certain occasions CCS may decline to provide a menu. This is not done lightly and usually occurs when a child has a very restricted diet, coupled with the limitations of catering for large numbers in a school. In this case we feel the parent is best placed to provide food at lunch to ensure a balanced diet is provided for that child.

CCS Dietitian
C/O CCS Admin Team
Cambridgeshire Catering and Cleaning Services
Box SH1218 (Room208/209), Shire Hall, Cambridge
CB3 0AP

Via email to: CCSAdminTeam@cambridgeshire.gov.uk

Menu Planning

This menu will be planned around eliminating the reported allergen/s. It will be nutritionally balanced where possible and as close to the standard menu as the diet will allow. Please note that although strict measures to avoid cross contamination with all allergens are in place we cannot guarantee 100% allergen free.

Please indicate

Lunch required all week:	YES	Special occasions only
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Menu requirements			
Please give brief description of symptoms:	Please indicate the *allergens to be excluded from the menu:		
Allergy only	Cereals containing gluten		Lupin
	Crustaceans		Mustard
	Eggs		Sesame
	Fish		Soya
	Tree nuts		Peanuts
	Celery		Milk
Injectable treatment required in an emergency Yes No	Sulphur dioxide/sulphites		Molluscs
Care plan in place Yes No	Vegetarian? Yes No		

GP or other Health Professional and parents signature	
I can confirm that this child needs to exclude the foods indicated above.	
Surgery / hospital	
GP/HP signature	Print name.....
Parent signature	

*This document is confidential and a current copy should be kept with the child's care plan with the latest menu.
A copy of the menu and a current photograph will be kept in the school kitchen.*