

KEEPING OUR CUSTOMERS SAFE

DIETARY REQUIREMENTS REQUEST FORM (CD17)

At Accent catering we are committed to the control of allergies and food intolerances, to ensure we are fully aware of any allergies or food intolerances

please complete the attached and return to the _____.

Please provide a copy of the medical diagnosis along with this allergen form to support the request.

In severe cases or if you are particularly concerned in regards to allergen controls, a member of our Catering Management would be happy to make an appointment with you to discuss in person. **Please ensure this form is updated with any new medical information as applicable.**

School Name	
Name of Pupil	
Pupil's Class	
Date Completed	

Key:

- Please Tick if your child is allergic to an allergen

Please complete the following															
	Celery	Cereals containing gluten	Crustaceans	Eggs	Fish	Lupin	Milk	Molluscs	Mustard	Nuts	Peanuts	Sesame seeds	Soya	Sulphur Dioxide	Other (Please provide details)
What Allergies does your child have?															

Recorded Date: _____

Chef Manager Name : _____ Signature: _____

Parent/Guardian name: _____ Signature: _____

Parent/Guardian Contact Details: _____