

# 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 meet 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	

Please complete the following											
	Celery	Cereals containing gluten	Crustaceans	Eggs	Fish	Lupin	Milk	Molluscs	Mustard	Nuts	Peanut
What Allergies does your child have?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Recorded Date: \_\_\_\_\_

Chef Manager Name : \_\_\_\_\_ Signature: \_\_\_\_\_

Parent/Guardian name: \_\_\_\_\_ Signature: \_\_\_\_\_

Parent/Guardian Contact Details: \_\_\_\_\_