 

Dear Parent/Guardian

Facilities Management are the caterers who provide your child’s school lunch. FM prides itself on working with parents and pupils to ensure all allergies and medical dietary needs are catered for.

If your child has any allergies/medical or other dietary requirements (i.e. vegan, vegetarian, halal) please fill out all relevant sections of this form. As some children’s diets are specialised, you may wish to contact the catering manager who will be more than happy to set up a one to one meeting in order to arrange a menu that fits your child’s requirements.

**CHILD’S FULL NAME** Click or tap here to enter text.

**YEAR GROUP** Choose an item.

**CLASS** Click or tap here to enter text.

Please write clearly in the box below stating any food allergies and/or special diet requests.

Does your child have any allergies (not dislikes) that need noting by the school cook? Choose an item.

**Attach photo only if your child has an allergy**

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Please add details of all ALLERGIES below

Click or tap here to enter text.

**We do change the menu twice a year in April and October so if you do need to discuss or update your child’s dietary records please remember to contact the catering manager prior to the start of a new menu cycle.**

**OFFICE USE ONLY**

**Student Diet Record Sheet**

Date of meeting ….............................................

Child’s full name……………………………………………..

Year Group & Class …………………………………………

|  |  |
| --- | --- |
| **Diet Required** |  |
| Has the responsible adult brought written details of child’s dietary requirements? | YES/NO  (Please attach to this form) |
| Does the diet have any special requirements/instructions (i.e. separate storage/uneaten food taken home etc.) | YES/NO  (Please attach details to this form) |
| Menu discussed and agreed? | YES/NO |
| Date agreed for next meeting  (menu changes twice a year) | YES/NO  (Add details) |

Parent/Guardian signature………………………………………………..Date……………………………………….

Unit Managers signature……………………………………………………Date……………………………………….

**STAFF USE ONLY**

**STAFF TRAINING RECORD**

**The following staff have been briefed on the dietary requirements of the child named above/overleaf.**

|  |  |  |  |
| --- | --- | --- | --- |
| **STAFF NAME** | **SIGNATURE** | **DATE** | **UM SIGNATURE** |
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**NOTE:**

**Staff who have not been fully trained should not prepare or serve food to the above named child.**