

Primary School Special Diet (Allergen Aware) Registration Form

To complete this form online, please download and save this PDF, complete all fields and email with a copy of the proof of diagnosis to **Catering@swnorse.co.uk**

Alternatively, you can print this form and post together with a copy of the proof of diagnosis to the following address (please ensure you complete both pages):

Catering Manager**South West Norse****Venture House, 1 Capital Court****Bittern Road****Sowton Industrial Estate****Exeter****Devon****EX2 7FW or via email to: Catering@swnorse.co.uk**

We cannot provide a menu without supporting evidence from a member of **your child's health care team**. If you have a recent letter written to you from your child's consultant, a dietitian or other health professional please send this with this request form to address above. Please note: you will not need a GP/health Professionals' signature if this evidence is provided. Otherwise please seek advice from your school nurse, who can speak to your GP if necessary.

Please allow two working weeks for the menu to be arranged.

Please note that on the rare occasion it may not be possible for Norse to provide an Allergen Aware Menu or Medically Adapted Menu safely and may ask parents to provide a packed lunch on all or some days. This decision is not taken lightly and usually occurs when a child has a very restricted diet. In these circumstances, we feel the parent is best placed to provide food at lunch to ensure a balanced diet is provided for that child safely.

| | | |
|----------------------------|----------------------------|-------------|
| Approved: Head of Catering | Author: Operations Manager | |
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At Norse Group our Primary School Menus follow the recommendations of the School Food Standards and we endeavour to cater for the majority of the school population. We are aware that not everyone is able to eat all foods. If a child has a medically diagnosed allergy, intolerance, or health condition we will develop a suitable Allergen Aware Menu or Medically Adapted Menu for that child.

Please note, we cannot provide an Allergen Aware Menu or Medically Adapted Menu without the completion of this registration form with supporting medical documentation.

In light of GDPR guidelines, personal data will be stored in a secure database accessible by password only by those who need to know the information. Personal data will not be shared with any other party and will be destroyed accordingly when no longer required.

| School Details | |
|-------------------|--|
| Name of School: | |
| School Telephone: | |

| Child's Details | |
|-----------------|----------------|
| Full Name: | Date of Birth: |

| Parent/Guardian Details | |
|-------------------------|---------|
| Name: | |
| Home Telephone: | Mobile: |
| Email Address: | |
| Home Address: | |

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| Please indicate the Food (triggers) to be excluded from the menu: | | | |
|---|--|---------------------------|--|
| Celery | | Cereals containing Gluten | |
| Crustacean | | Eggs | |
| Fish | | Lupin | |
| Milk | | Mollusc | |
| Mustard | | Nuts | |
| Peanuts | | Sesame Seeds | |
| Soya | | Sulphur Dioxide | |
| Other foods causing trigger symptoms: | | | |

| | | | |
|--|-----|----|--|
| Please give brief description of symptoms: | | | |
| Injectable treatment required in an emergency: | Yes | No | |
| Care Plan in Place: | Yes | No | |

| Parents/Guardians Signature | | |
|--|----------------------------|-------------|
| I can confirm that this child needs to exclude the foods indicated above. This is due to an Intolerance / Allergy / Coeliac disease or other Medical Condition | | |
| Parent/Guardian Signature: | Date: | |
| If you are unable to provide a copy of the proof of diagnosis, please arrange for a Health Professional from your medical team to sign and confirm diagnosis: | | |
| Health Professional Signature: | Date: | |
| Print Name: | | |
| Name of Surgery/Hospital: | | |
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