



Primary School Allergen Aware Menu Registration Form

Please complete all fields and return to the School Office with a copy of the proof of diagnosis

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):

**Homefield Church of England Primary School
Homefield Avenue,
Bradwell,
Great Yarmouth,
Norfolk,
NR31 8NS**

If you are unable to provide a proof of diagnosis, please ask a Health Professional from your medical team to sign the registration form on page 3.

*Please note: If on the rarest of occasions it may not be possible for the school to provide an Allergen Aware meal safely, we may ask parents to provide a packed lunch. This decision is not taken lightly and usually occurs when we have been unable to source suitable ingredients to meet the restrictions of the child's diet. In these circumstances, we feel the parent is best placed to provide food to ensure a balanced diet is provided for that child safely.



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 for that child.

Please note, we cannot provide an Allergen Aware Menu without the completion of this registration form with supporting medical documentation. Should a parent decide they do not want an Allergen Aware Menu, allergen reports on the full menu are available from the school and will be on the school website.

In light of GDPR guidelines, personal data will be stored in a secure manner accessible 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 Contact Details	
Name:	
Home Telephone:	Mobile:
Email Address:	
Home Address:	



Please indicate the Food (triggers) to be excluded from the menu:			
Gluten		Wheat	
Milk		Eggs	
Fish		Soya	
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: (Please circle) Intolerance Allergy Coeliac disease or other Medical Condition
Parent / Guardian Signature: _____
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:
Print Name:
Name of Surgery/Hospital:

Parents/Guardians:

We are satisfied with the menu and ingredients being used by the school to prepare meals for my child, which meet the allergen needs of my child and maintain a safe and balanced diet.

Signed: _____

Date: _____