## Diet and Allergy School Meals

Please complete Sections A and C (for medically prescribed diet application) *or* Sections A and B (for nut and peanut allergy declaration) *and* hand in or post to your school reception, or send via email to: PERTH & KINROSS COUNCIL

Email ECSCateringSupport@pkc.gov.uk

## Section A - To be completed by parent/carer

Name of pupil		
Date of birth		
Home address		
Primary school		
My child has a (please tick as	appropriate):	
Nut allergy		
Nut/Peanut allergy		
Medically prescribed diet:		
Gluten free		
• Milk free		
• Egg free		
• Other (please state)		

## **Section B** - Nut and peanut allergy disclaimer to be completed by parent/carer

Tayside Contracts do not knowingly use peanuts, nuts or peanut based products in the provision of catering services to primary schools. However, some products may be produced in a factory where nuts and peanuts are used and therefore contamination of these products may occur. Tayside Contracts cannot therefore guarantee that all products are always nut free and peanut free.

I have read and understood the above statement. I am aware that school lunches within my child's school may contain traces of nuts and/or peanuts.

Yes

I confirm that I wish my child to attend for school lunch.

Signed by parent/carer \_\_\_\_\_

Please print name \_\_\_\_\_

Date \_\_\_\_\_

Medical protocol attached?

No



## **Section C** - To be completed by a medical professional (GP, NHS dietician, paediatric specialist)

Please note if the dietary restriction listed in Section A is in the *'other'* category, dietary guidance from a dietician should accompany the completed form.

l confirm	 follows

a \_\_\_\_\_ diet and will require an appropriately modified school lunch.

Signed by medical professional

Name \_\_\_\_\_

Position\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Tel \_\_\_\_\_



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