

MEDICAL DIET / FOOD ALLERGY REQUEST FORM

Child's name School name

Class name School year

Details of Special / Medical Requirement Requested

Allergen	Allergy / Intolerance? Tick	Allergen	Allergy / Intolerance? Tick
Celery		Molluscs	
Crustaceans		Mustard	
Gluten		Nuts	
Egg		Peanuts	
Fish		Sesame Seeds	
Lupin		Soya	
Milk / Dairy		Sulphur Dioxide	

Any other allergy, please list

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Please advise if the pupil requires a vegetarian only menu, circle the option needed **Yes or No**

If you require a Texture Modified Diet, please email medicaldiets@lunchtime.co.uk for a separate TMF form.

By signing this form, you consent to the processing of your personal data in accordance with the General Data Protection Regulation (GDPR). Your data will be collected, used, and stored solely for the purpose(s) outlined in this document.

(For further information please refer to our [Company GDPR policy](#))

I agree for this form and the information contained in it can be shared with Lunchtime Co. by the school and both parties can retain this information for the purpose of management of the child's medical diet needs.

Parent / Carer Signature

Print Name

Date

The Lunchtime kitchens are nut free environments and we take every precaution to eliminate cross contamination with all allergens. However, we cannot guarantee 100% allergen free

Please send a completed copy of this form to your school who will pass onto Lunchtime Co.