

# Allergy intolerance and medical reporting guidance

# Process for reporting Allergy / Medical / Intolerance in School meals

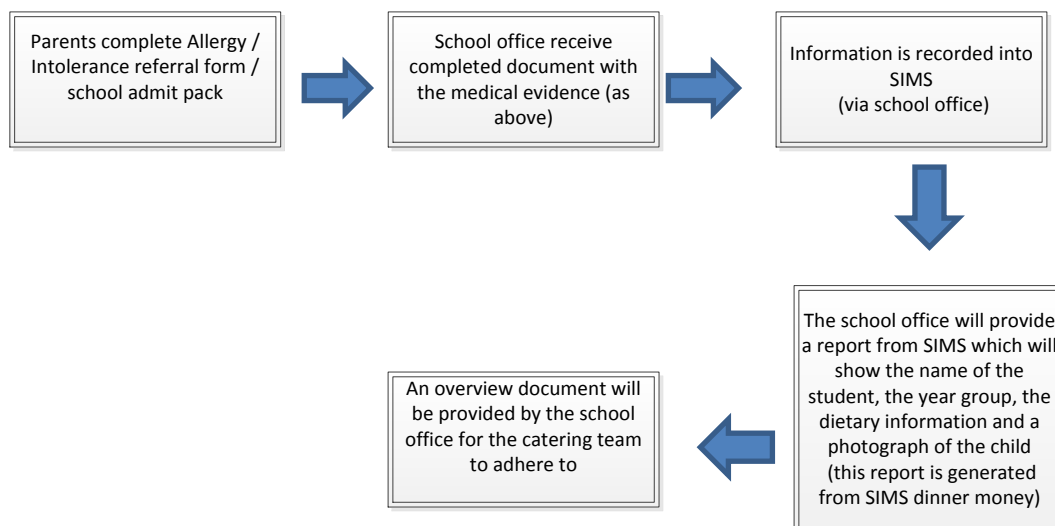
## Medical diet procedure Medical Diet Procedure for TSAT catering

The following steps must be adhered to when providing medical diets:

1. Parent/carer to make initial enquiry to the School, who will contact TSAT catering in writing to request a diet, be implemented.
2. Written medical evidence from a GP, Dietician or other relevant health professional must be provided by the parent/carer to the School at this point. Diets will not be arranged by TSAT catering without this information which demonstrates a clear medical need.
3. Following instruction from the School, TSAT catering will arrange a meeting (if appropriate) at the school with parent/carer, the school cook, plus school representation as necessary.
4. The parent/carer will be requested to bring to a recent photo of their child to any meeting (if they are not available on SIMS).
5. At the on-site meeting any proposed menu will be based on the school's menu. a. A special diet menu highlighting common allergens will be used to tailor dishes to child's individual dietary needs and agreed in principle with parent/carer (signature required)
6. The school cook will be briefed regarding the tailored diet, recipes and preparation techniques i.e. avoiding cross contamination.
7. The child's details will be included on TSAT catering medical diet records.
8. Commencement date to be agreed with all parties, and confirmed with the School (information passed to class teacher / year group leads).
9. Where a change in menu is required, the agreed menu will then be created, printed and a hard copy issued to the school cook and parent/ carer with a covering letter. a. The cook's menu will be displayed in the kitchen.
10. Follow-up meeting can be arranged if necessary, i.e. menu changes

**NB. No diet will be put in place without adhering to this procedure.**

## School Process





# Allergy intolerance and medical reporting form

Childs name		
Childs date of birth		
School that child attends		
Parent / Guardian full name		
Contact number (daytime & night)		
Contact address		
Post code		
E-mail address		
<p><b>Allergy Intolerance</b></p> <p>Please provide the details of the child's / young person's food allergy</p> <p>Please indicate if there is a need for an injectable treatment in an emergency</p> <p>(Medical / allergy / intolerance/ religious / cultural preferences)</p>		
Has this food allergy been medically diagnosed? (please delete)	<b>YES</b>	<b>NO</b>
	If the answer above is yes please return a copy of the medical diagnosis with this form. This can be a doctors/nutritionists/hospital diagnosis.	
Parent/Guardian signature		

If there are any changes to the needs of your child please can you make the school office aware of the changes and where necessary complete a new allergy reporting form.