

Dear Parent or Guardian,

You have informed the school your child requires a special meal for lunchtime. Crumbs Food Co. take Allergen control very seriously and will require as much information of the dietary needs as possible so they can assess the menu required.

**Specific dietary meals will only be sent if this form is completed in full and correspond with the meal order form from the School**

Childs Full Name: .....

Class or Year.....

School.....

**Dietary Choice:** Vegan ☐ Vegetarian ☐ Halal ☐ Other (Please Specify).....

**ALLERGENS There are 14 recognised Allergens, please tick those that apply.**

|               |                          |                                                                                                                                             |
|---------------|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|
| Gluten        | <input type="checkbox"/> | found in (but not exclusively) wheat, barley, oats and rye                                                                                  |
| Dairy         | <input type="checkbox"/> | found in (but not exclusively) milk, cheese and yoghurts                                                                                    |
| Sesame        | <input type="checkbox"/> |                                                                                                                                             |
| Mustard       | <input type="checkbox"/> |                                                                                                                                             |
| Egg           | <input type="checkbox"/> | please state in what form <input type="checkbox"/> Raw <input type="checkbox"/> Cooked <input type="checkbox"/> Ingredient e.g in a sponge  |
| Soya          | <input type="checkbox"/> | please state in what form <input type="checkbox"/> Milk <input type="checkbox"/> Dessert <input type="checkbox"/> Ingredient e.g in bread   |
| Fish          | <input type="checkbox"/> | please state which <input type="checkbox"/> All <input type="checkbox"/> Type (please state) .....                                          |
| Celery        | <input type="checkbox"/> | please state in what form <input type="checkbox"/> Raw <input type="checkbox"/> Cooked <input type="checkbox"/> Ingredient e.g in seasoning |
| Sulphites     | <input type="checkbox"/> |                                                                                                                                             |
| Shellfish     | <input type="checkbox"/> |                                                                                                                                             |
| Molluscs      | <input type="checkbox"/> |                                                                                                                                             |
| Lupin         | <input type="checkbox"/> |                                                                                                                                             |
| Peanuts       | <input type="checkbox"/> |                                                                                                                                             |
| Nuts          | <input type="checkbox"/> | Please state which ones.....                                                                                                                |
| Other Allergy | <input type="checkbox"/> | Please specify .....                                                                                                                        |

Please state clearly the side effects should the child consume an allergen or food they are allergic to as listed above;

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**Should the child's allergy requirements change we must be notified immediately with a revised form.**

Please sign to confirm the information given.

Name..... Signature.....

Date ..... Relationship to Child .....

Please sign to confirm that you understand that your child's meals are prepared in a production kitchen that is not free from allergens; and that although every care is taken to avoid cross contamination / human error we cannot guarantee the meals to be 100% free from risk, and therefore Crumbs do not accept any liability when meals are produced for children with allergies.

Name..... Signature.....

Date ..... Relationship to Child .....