

Totally Local Company Procedures Manual Management System	Procedure:	CT029	Page	1 of 2
	Title:	Special Dietary Needs	Revision:	1.1
	Authority:	Quality Lead	Date:	09/05/18

TO BE DISPLAYED IN A PROMINENT POSITION IN THE KITCHEN

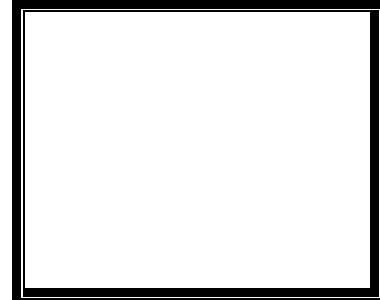
ATTACH PHOTOGRAPH OF CHILD IN SPACE BELOW

Childs Name.....

Childs Class.....

Teachers name.....

Date of Photo.....



Contact name in case of an emergency.....

Contact Tel Number in case of an emergency

If applicable, how quickly would the reaction happen?.....

What symptoms would occur?

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What treatment or medicines are used?

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SPECIAL DIETARY REQUIREMENT

- Coeliac/Gluten free
 Peanuts
 Soya
 Nuts
 Diabetic
 Vegan
 Lactose intolerance
 Vegetarian
 Egg intolerance
 Other please advice

Types of foods to avoid.....

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Individuals preferences.....

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Parents/Carers signature.....

Review date annually.....