(Treated as Confidential Once Completed)

Please note that this form is NOT to be used for general likes or dislikes

Once complete you MUST attach any relevant Care Plan and return it to your Group Leader who will submit it to Hilltop

**Group Name: Date of Visit:**

**Name: Gender: Date of Birth:**

**Hilltop is happy to assist you with any food allergies or dietary restrictions and suitable alternatives will be provided. While we make every effort to ensure that meals are allergen free, we cannot guarantee this, as airborne contaminants may exist or due to manufacturer substitution beyond our control.**

Please 🗹 to confirm all food allergies that apply from the list below in line with Food Standards Agency guidelines

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Celery  **Celery** | Cereals containing gluten  **Cereals containing gluten** | Crustaceans  **Crustaceans** | Eggs  **Eggs** | Fish  **Fish** |
|  |  |  |  |  |
| Lupin  **Lupin** | Milk  **Milk** | Mollusc  **Mollusc** | Mustard  **Mustard** | Nuts  **Other Nuts** |
|  |  |  |  |  |
| Peanuts  **Peanuts** | Sesame seeds  **Sesame seeds** | Soya  **Soya** | Sulphur Dioxide  **Sulphur Dioxide** | **Tree Nuts** |
|  |  |  |  |  |

**Other**:

|  |
| --- |
| How are they affected if they come into contact with the allergen, please tick the appropriate box:-  By Taste o by Touch o by Smell o  What is the severity of the reaction? Is an Auto-injector required? If YES, include Auto-Injector Brand  Mildo **Life Threatening** o NO o **YES o** EpiPen o Jext o Emerade o  **Is there a Care plan in place**? NO o YES o **If YES, please ensure details of Care plan are given to group leader**  Please advise below if the group can continue to eat these foods in the dining room or if any foods need to be removed for the whole group? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Signed by Parent/Guardian: Date:

Print name Parent/Guardian:

Group Leader to ensure this form is fully completed, information within this needs collating onto the Hilltop collated Dietary forms (Form D) before sending a copy of both forms to Hilltop. This form needs to be in the possession of the group leader for the duration of the visit.