

CLEVERCHEFS

ALLERGEN FORMS

Food allergy/intolerance form

Cleverchefs understand that allergies present a serious problem for some people. This form is designed to collect information about Cleverchefs customers who have a food allergy/intolerance.

Name of child or young person:			
Special requirement / dietary information			
Please provide details of the child's / young person's food allergy/intolerance:			
Allergen	Allergy/ Intolerance <i>(tick)</i>	Allergen	Allergy/ Intolerance <i>(tick)</i>
TreeNut		Lupin (legume – found in flour)	
Soya Bean		Fish	
Sesame		Eggs	
Peanut (legumes)		Crustaceans (shellfish)	
Mustard		Cereal containing gluten	
Molluscs (Shells)		Celery	
Milk		Sulphite (food preservative)	
Has this food allergy been medically diagnosed?			
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please return a copy of the medical diagnosis with this form (this can be a doctor's or a nutritionist's diagnosis letter).			

Person completing this form:			
Parent / Guardian name:			
Parent / Guardian signature:			
Date:			
Relationship with child / young person:			

Food allergy/intolerance form

While Clevechefs can make arrangements to provide foods in which allergens are not included as an ingredient, we cannot guarantee that traces of nominated food allergens, can remain completely absent from dishes as these foods may be handled and stored in the same areas as nominated allergens.

TO BE COMPLETED BY CLEVERCHEFS SITE MANAGER

Site name:
Site Manager's name:
Site Manager's telephone number:

TO BE COMPLETED BY REGIONAL BUSINESS MANAGER

This form has been assessed by:	
Name:	
Position:	
Approved: <input type="checkbox"/>	Rejected: <input type="checkbox"/>
Reason for rejection and recommendation:	
Date:	