

















The Consortium Trust

Kitchen Allergen & Intolerance Form

This form is to be completed by the parent or guardian and is to be discussed with the Head of Kitchen at your child's school. Please ensure medical correspondence is included with your request.

All information will be held in accordance with data security and retention policies. For further information please visit <https://www.vertas.co.uk/privacy-policy/>

Pupil Details	
Name of Pupil:	
Class & Year Group:	
Allergens: (please tick all that apply) <div style="display: flex; flex-wrap: wrap; justify-content: space-around;"> <div style="text-align: center;"> <input type="checkbox"/></div> <div style="text-align: center;"> <input type="checkbox"/></div> <div style="text-align: center;"> <input type="checkbox"/></div> <div style="text-align: center;"> <input type="checkbox"/></div> <div style="text-align: center;"> <input type="checkbox"/></div> <div style="text-align: center;"> <input type="checkbox"/></div> <div style="text-align: center;"> <input type="checkbox"/></div> </div> <div style="display: flex; flex-wrap: wrap; justify-content: space-around;"> <div style="text-align: center;"> <input type="checkbox"/></div> <div style="text-align: center;"> <input type="checkbox"/></div> <div style="text-align: center;"> <input type="checkbox"/></div> <div style="text-align: center;"> <input type="checkbox"/></div> <div style="text-align: center;"> <input type="checkbox"/></div> <div style="text-align: center;"> <input type="checkbox"/></div> <div style="text-align: center;"> <input type="checkbox"/></div> </div>	Intolerances: (please list below)
Insert Photo of Child <div style="border: 1px solid black; height: 150px; width: 100%;"></div>	Any other information: (please detail below)
Parent / Guardian Details	
Parent / Guardian Name: (In Capitals)	
Contact Telephone Number:	
Signature	
Date:	
Alternative Dishes Agreed	