**PLEASE COMPLETE IN BLOCK CAPITALS. PLEASE COMPLETE ALL PARTS OF THE FORM. ONCE COMPLETE, PLEASE RETURN PARTS A & B TO YOUR SCHOOL RECEPTION STAFF.**

**Pupil Name: Male / Female:**

**School Name: Town/Area: Postcode:**

**Does your child use an EpiPen**® **(or equivalent)?**

**Yes**

**No**

**ALLERGY/INTOLERANCE(S)\* (*Please tick all which apply*):**

**Dairy**

**Wheat/Gluten**

**Celery**

**Sesame**

**Raw Egg**

**Fish**

**Mustard**

**Nuts**

**Cooked Egg**

**Soya**

**Sulphites**

**Lupin**

*\* All ISS Education primary school kitchens and recipes are free from crustaceans, molluscs, kiwi and derivatives of any of the aforementioned.*

**Other (*Please State*):**

**MY CHILD REQUIRES (*Please Tick*):**

|  |  |  |
| --- | --- | --- |
| **Energy & nutritional count values, e.g., carbohydrate / fat count per recipe** | **Yes** |  |
| **Vegetarian (eats fish)** | **Yes** |  |
| **Vegetarian (no fish)** | **Yes** |  |

**Other (*Please State*):**

**PARENT/GUARDIAN CONTACT DETAILS (PLEASE COMPLETE IN BLOCK CAPITALS):**

**Name:**

**Phone Number: Email:**

**Address: Postcode:**

**Parent/Guardian Signature: Date:**

***Please note, the ISS Education Nutritionist may contact you to clarify any details.***

**SCHOOL STAFF: PLEASE RETURN PART A OF THIS FORM TO THE ISS EDUCATION NUTRITIONIST**

**POST: ISS Education Nutritionist, ISS UK, Velocity 1, Brooklands Drive, Weybridge, Surrey KT13 0SL**

**FAX: 0871 429 4180** **EMAIL:** [**nutrition@uk.issworld.com**](mailto:nutrition@uk.issworld.com)

**FOR OFFICE USE ONLY**

DATE RECEIVED NUTr: / / CONTRACT:

MED DOC

Yes

No

**PLEASE COMPLETE IN BLOCK CAPITALS. PLEASE COMPLETE ALL PARTS OF THE FORM AND ATTACH A COLOUR PHOTO OF YOUR CHILD. ONCE COMPLETED, TO BE HELD BY THE KITCHEN MANAGER.**

**Pupil Name:**

**Please attach a colour photograph of your child here. This allows your child to be identified at the point of food service.**

**Male / Female:**

**School Name:**

**Town / Area:**

**Postcode:**

**Does your child use an EpiPen**® **(or equivalent)?**

**Yes**

**No**

**ALLERGY/INTOLERANCE(S)\* (*Please tick all which apply*):**

**Dairy**

**Wheat/Gluten**

**Celery**

**Sesame**

**Raw Egg**

**Fish**

**Mustard**

**Nuts**

**Cooked Egg**

**Soya**

**Sulphites**

**Lupin**

*\* All ISS Education primary school kitchens and recipes are free from crustaceans, molluscs, kiwi and derivatives of any of the aforementioned.*

**Other (*Please State*):**

**MY CHILD REQUIRES (*Please Tick*):**

|  |  |  |
| --- | --- | --- |
| **Energy & nutritional count values, e.g., carbohydrate / fat count per recipe** | **Yes** |  |
| **Vegetarian (eats fish)** | **Yes** |  |
| **Vegetarian (no fish)** | **Yes** |  |

**Other (*Please State*):**

**Parent/Guardian Signature: Date:**

**SCHOOL STAFF: PLEASE PASS PART B OF THIS FORM TO THE ISS EDUCATION KITCHEN MANGER**