

## FOOD ALLERGY/INTOLERANCE REQUEST FORM

This form should be completed by the parent or guardian of the child/young person.

Thomas Franks understands that allergies present a serious problem for some people. This form is designed to collect information about Thomas Franks consumers 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 (tick)	Allergen	Allergy/Intolerance (tick)
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? Please circle:    Yes            No

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).

Note: Without this document Thomas Franks may not be able to feed the child/young person.

### PERSON COMPLETING THIS FORM:

Parent/Guardian name:	
Parent/Guardian signature:	
Date:	
Relationship with child/young person:	

Note: While Thomas Franks 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 THOMAS FRANKS MANAGER:

Site name:

Site Manager's name and telephone number:

### TO BE COMPLETED AT THOMAS FRANKS LTD.

This form has been assessed by:

Name and position:

Approved:            Rejected:

Reason for rejection and recommendation:

Date:

### DATA PROTECTION

In accordance with the Data Protection Act, Thomas Franks will only use the information contained in this form for Food Allergy/Intolerance purposes. All documentation is kept in a secure file.