

**PLEASE FILL IN THIS FORM FOR EACH STUDENT WHO HAS
 AN ALLERGY AND RETURN IT TO THE CATERING
 MANAGER OR THE SOUS CHEF. THANK YOU!**

Student / Group Leaders' Allergies Form

Name of student	
Age	
Nationality	
Group	
Allergies	
Medication (if applicable)	
Products the student <u>cannot eat or drink</u>	
The student's favourite foods / snacks	
The student's least favourite foods / snacks / drinks	
Does the student eat pork?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Date _____

Group Leader Signature _____

Kitchen Manager / Deputy Signature _____

**Please make sure that the students with allergies wear silver wristbands at all times.
 It will help ensure that the kitchen staff are aware that they need special meals.
 Thank you!**

**Although utmost care and attention is taken, we cannot guarantee there is no
 contamination of nut products in our stock. Every effort is made to minimize the risk.**