



Primary School Allergen Aware Menu Registration Form

To complete this form online, please download and save this PDF, complete all fields and email with a copy of the proof of diagnosis to catering.admin@norsegroup.co.uk

Alternatively, you can print this form and post together with a copy of the proof of diagnosis to the following address (please ensure you complete both pages):

Norse Allergen Aware Menu Requests

**Norse Group
51 Norwich Road
Horsham St Faiths
Norwich
NR10 3HH**

If you are unable to provide a proof of diagnosis, please ask a Health Professional from your medical team to sign the registration form on page 3.

Please allow two working weeks for the menu to be arranged. In the meantime, we recommend you continue to supply a packed lunch from home or use the allergen report on the Norse Catering website – www.norsecatering.co.uk.

Please note that on the rare occasion it may not be possible for Norse to provide an Allergen Aware Menu safely and may ask parents to provide a packed lunch on all or some days. This decision is not taken lightly and usually occurs when a child has a very restricted diet. In these circumstances, we feel the parent is best placed to provide food at lunch to ensure a balanced diet is provided for that child safely.

At Norse Group our Primary School Menus follow the recommendations of the School Food Standards and we endeavour to cater for the majority of the school population. We are aware that not everyone is able to eat all foods. If a child has a medically diagnosed allergy, intolerance or health condition we will develop a suitable Allergen Aware Menu for that child.

Please note, we cannot provide an Allergen Aware Menu without the completion of this registration form with supporting medical documentation. Should a parent decide they do not want an Allergen Aware Menu, allergen reports on the full menu are available on the Norse Catering website – www.norsecatering.co.uk.

In light of GDPR guidelines, personal data will be stored in a secure database accessible by password only by those who need to know the information. Personal data will not be shared with any other party and will be destroyed accordingly when no longer required.

School Details	
Name of School:	
School Telephone:	

Child's Details	
Full Name:	Date of Birth ____/____/____

Parent/Guardian Contact Details	
Name:	
Home Telephone:	Mobile:
Email Address:	
Home Address:	

Please indicate the Food (triggers) to be excluded from the menu:			
Gluten		Wheat	
Milk		Eggs	
Fish		Soya	
Other foods causing trigger symptoms:			

Please give brief description of symptoms:	
Injectable treatment required in an emergency:	Yes No
Care Plan in Place:	Yes No

Parents/Guardians Signature
I can confirm that this child needs to exclude the foods indicated above. This is due to an Intolerance / Allergy / Coeliac disease or other Medical Condition
Parent / Guardian Signature:
If you are unable to provide a copy of the proof of diagnosis, please arrange for a Health Professional from your medical team to sign and confirm diagnosis.
Health Professional Signature:
Print Name:
Name of Surgery/Hospital: