

# SODEXO FOOD ALLERGY REQUEST FORM

This form should be completed by the parent or guardian of customers under the age of 16.

Sodexo understands that allergies present a serious concern for some people. This form is designed to collect information about Sodexo consumers who have a food allergy.

Sodexo customer details	
Name of the child or young person:	
Special requirement / dietary information	
Please provide details of the child's / young persons food allergy:-	
<p>Has this food allergy been medically diagnosed?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>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). <b><u>Note: Without this document Sodexo may not be able to feed the child/young person.</u></b></p>	
Person completing this form	
Parent / Guardian name:	
Parent / Guardian signature:	
Date:	
Relationship with child / young person:	

**Note:** While Sodexo 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.

**Data protection:** Sodexo adheres to the data protection principles when processing information in relation to special dietary requirements. All information is held confidentially, and we take the appropriate technical and organisational measures required to ensure that only those who need access to the information, to ensure a meal can be provided in the safest way possible, actually have access. Sodexo will provide you with a copy of any information held about you or your child in accordance with the Data Protection Act upon request. Information will only be used to determine if it is possible for a suitable meal to be provided and, once a determination has been made, to provide a meal. The Information shall not be used for any other purpose.

**To be completed by a Sodexo manager:**

<b>Sodexo unit information</b>	
Segment:	
Unit/contract name:	
Contract manager's name:	
Contract manager's telephone number:	

**To be completed by a Sodexo dietician:**

<b>This form has been assessed by:</b>	
Name:	
Position:	
Approved <input type="checkbox"/> Rejected <input type="checkbox"/>	
Reason for rejection and recommendation:	
Date:	