



ST RICHARD REYNOLDS CATHOLIC COLLEGE

ST RICHARD REYNOLDS CATHOLIC PRIMARY SCHOOL
ST RICHARD REYNOLDS CATHOLIC HIGH SCHOOL

ALLERGIES AND INTOLERANCES

PLEASE ONLY COMPLETE THIS FORM IF YOUR CHILD HAS AN ALLERGY OR FOOD INTOLERANCE AND REQUIRES A MODIFIED DIET

Our caterers, Cucina, strive to provide menus for children with certain food allergies and intolerances wherever possible. If your child has an allergy or intolerance you must complete the form below and return it to the college office as soon as possible. Please note that this **MUST BE** a medical requirement and you **MUST** also provide a recent letter/certificate from a medical professional.

Data will be kept confidential but will need to be passed on to Cucina in order for them to assess the need and develop a plan for ensuring your son / daughter's needs are managed appropriately.

PUPILS NAME:	
MALE/FEMALE:	
PARENT/CARER NAME:	
RELATIONSHIP TO CHILD:	
CONTACT NUMBER:	
EMAIL ADDRESS:	
TYPE OF ALLERGY/ INTOLERANCE (please circle all that apply):	MILK / EGGS / GLUTEN / PEANUTS / TREE NUTS / SESAME / CELERY / MUSTARD / SOY / FISH / MOLLUSC / LUPINS / SULPHUR DIOXIDE / SULPHITES / CRUSTACEANS / FOOD COLOURING / PEAS / PINEAPPLE / OTHER
IF OTHER, PLEASE SPECIFY	
MY CHILD REQUIRES A MODIFIED DIET TO EXCLUDE THE ALLERGIES TICKED ABOVE:	<input type="checkbox"/> YES <input type="checkbox"/> NO

PLEASE ENSURE YOU HAVE ENCLOSED SUPPORTING MEDICAL DOCUMENTATION WITH THIS REFERRAL FORM. FORMS WITHOUT OFFICIAL MEDICAL DOCUMENTATION WILL NOT BE PROCESSED IN ACCORDANCE WITH CUCINA COMPANY POLICY

Please note, you may be contacted by Cucina directly if further information is required.
Please allow two weeks from submission of this form to Cucina for a suitable menu to be available.

Parent/Carer Signature:.....

Date:.....



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Diocese of Westminster



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