



HILLTOP SPECIAL DIET REQUEST



(Treated as Confidential Once Completed)

Please note that this form is NOT to be used for general likes or dislikes
















Once complete you MUST attach any relevant Care Plan and return it to your Group Leader who will submit it to Hilltop

Group Name: _____ Date of Visit: _____

Name: _____ Gender: _____ Date of Birth: _____

Hilltop is happy to assist you with any food allergies or dietary restrictions and suitable alternatives will be provided. While we make every effort to ensure that meals are allergen free, we cannot guarantee this, as airborne contaminants may exist or due to manufacturer substitution beyond our control.

Please ☒ to confirm all food allergies that apply from the list below in line with Food Standards Agency guidelines

 Celery <input type="checkbox"/>	 Cereals containing gluten <input type="checkbox"/>	 Crustaceans <input type="checkbox"/>	 Eggs <input type="checkbox"/>	 Fish <input type="checkbox"/>
 Lupin <input type="checkbox"/>	 Milk <input type="checkbox"/>	 Mollusc <input type="checkbox"/>	 Mustard <input type="checkbox"/>	 Other Nuts <input type="checkbox"/>
 Peanuts <input type="checkbox"/>	 Sesame seeds <input type="checkbox"/>	 Soya <input type="checkbox"/>	 Sulphur Dioxide <input type="checkbox"/>	 Tree Nuts <input type="checkbox"/>

Other: _____

How are they affected if they come into contact with the allergen, please tick the appropriate box:-

By Taste ☐ by Touch ☐ by Smell ☐

What is the severity of the reaction?

Mild ☐ Life Threatening ☐
☐

Is an Auto-injector required?

NO ☐ YES ☐

If YES, include Auto-Injector Brand

EpiPen ☐ Jext ☐ Emerade ☐

Is there a Care plan in place? NO ☐ YES ☐ If YES, please ensure details of Care plan are given to group leader

Please advise below if the group can continue to eat these foods in the dining room or if any foods need to be removed for the whole group? _____

Signed by Parent/Guardian: _____ Date: _____

Print name Parent/Guardian: _____

Group Leader to ensure this form is fully completed, information within this needs collating onto the Hilltop collated Dietary forms (Form D) before sending a copy of both forms to Hilltop. This form needs to be in the possession of the group leader for the duration of the visit.