

Harrison Catering Services
MANAGEMENT OF FOOD SERVICE TO CHILDREN WITH TYPE 1 DIABETES
(Primary and Prep Schools)

School				
Full Name of Child				
Year		Class		
Name of Parent / Guardian				
Is a copy of the medical diagnosis of type 1 diabetes available for inspection	YES		NO	
Please indicate if your child has any other medical condition in addition to type 1 diabetes that requires additional special dietary modifications	Please describe:			
Is a copy of the medical diagnosis of this condition available for inspection	YES		NO	
In addition to type 1 diabetes and any other medical condition does your child have any food allergy or food intolerance	YES		NO	
If YES , please read the Food Allergens and Food Intolerance notice on the Harrison's website and complete the form and send to the school				
<ul style="list-style-type: none"> As parent / guardian I understand I am responsible for ensuring that accurate information about the type 1 diabetes or another medical condition affecting the child named above is detailed on this form and the school will be notified if there are any changes to the details given above I consent to a current photograph of the child being attached to a copy of this form and will be used to assist in identifying the child when they are being served with food. I understand that the child named above cannot be served with food for the first time until the above process has been fully completed. I understand that the carbohydrate values for the food served to my child are approximate and have been calculated from the ingredients used in the Company recipes and that these values may vary due to any necessary changes to the ingredients used and the preparation and service of the food. I will provide the school where necessary with the relevant medication for my child and instructions for the correct administration of the medication. a member of school staff will: <ul style="list-style-type: none"> present the child at the servery and inform the member of catering staff about the special dietary needs of the child, liaise with a member of catering staff and inform them of the food to be served, will weigh or decide on the portion size of food being served to a child who has type 1 diabetes, will decide what medication the child requires and will administer that medication to the child, Catering staff will not use facial recognition to identify the child at the counter and are unable to give advice or make recommendations on dealing with type 1 diabetes. 				
Parent / Guardian Signature			Date	