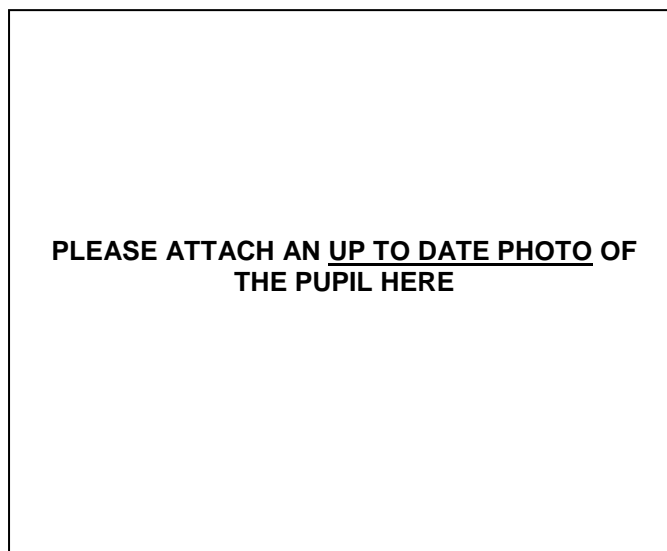


SPECIAL DIET PHOTO RECORD SHEET



Pupil's Name: _____

This pupil has the following Special Diet:



Where is the Special Diet Support Pack stored:

Who to contact in case of emergency (School Staff):

Where is their auto-injector (e.g. epipen) stored (if applicable):

Which members of School staff are trained in the use of the auto-injector:

PLEASE KEEP THIS INFORMATION UP TO DATE AND ON PROMINENT DISPLAY

ENSURE THAT ALL MEMBERS OF KITCHEN STAFF ARE AWARE OF THIS PUPIL