

## Meal sign off form for children with food allergies and special dietary needs

TWO staff to check and sign off meals and snacks. Give these meals before serving other children. Right meal to right child!

Date	Childs Room	Childs Name	Child's special dietary need	Meal	Meal name (as per menu)	Chef / Cook Name	Chef / Cook sign off	Person DELIVERING meal to rooms		Educator RECEIVING meal	
								Name	Signature	Name	Signature
Monday 5/6	Blue	Jessie Andrews	Cow's milk / egg / Kiwi fruit allergy	MT	Fresh fruit (NO KIWI) and soy yoghurt	Kristy Cook	KC	Casey Helper	CH	Emily Teacher	ET
Monday 5/6	Orange	Ethan Brown	Wheat / peanut allergy	MT	Fresh fruit and cheese	Kristy Cook	KC	Casey Helper	CH	Jonny Cator	JC
Monday 5/6	Green	Ahmed Singh	Vegetarian	MT	Fresh fruit and cheese	Kristy Cook	KC	Casey Helper	CH	Mary Smiley	MS
Monday 5/6	Blue	Jessie Andrews	Cow's milk / egg allergy	L	Lamb pilaf – no milk or egg version	Kristy Cook					
Monday 5/6	Orange	Ethan Brown	Wheat / peanut allergy	L	Lamb pilaf – no wheat or peanut	Kristy Cook					
Monday 5/6	Green	Ahmed Singh	Vegetarian	L	Lentil pilaf	Kristy Cook					
Monday 5/6	Blue	Jessie Andrews	Cow's milk / egg allergy	AT	Fruit toast w nuttelex	Kristy Cook					
Monday 5/6	Orange	Ethan Brown	Wheat / peanut allergy	AT	Wheat/Gluten free Fruit toast	Kristy Cook					
Monday 5/6	Green	Marco Smith	Vegetarian	AT	Fruit toast	Kristy Cook					
Monday 5/6	Blue	Jessie Andrews	Cow's milk / egg allergy	LS	½ sandwich lamb and tomato w nuttelex	Kristy Cook					
Monday 5/6	Orange	Ethan Brown	Wheat / peanut allergy	LS	½ sandwich wheat/gluten free lamb and tomato	Kristy Cook					
Monday 5/6	Green	Ahmed Singh	Vegetarian	LS	½ sandwich cheese and tomato	Kristy Cook					

\* Meal Type: B = Breakfast, MT = Morning Tea, L= Lunch, AT = Afternoon Tea, LS= Late Snack