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

**How to use this form:** 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** |
|  |  |  |  | MT |  |  |  |  |  |  |  |
|  |  |  |  | MT |  |  |  |  |  |  |  |
|  |  |  |  | MT |  |  |  |  |  |  |  |
|  |  |  |  | L |  |  |  |  |  |  |  |
|  |  |  |  | L |  |  |  |  |  |  |  |
|  |  |  |  | L |  |  |  |  |  |  |  |
|  |  |  |  | AT |  |  |  |  |  |  |  |
|  |  |  |  | AT |  |  |  |  |  |  |  |
|  |  |  |  | AT |  |  |  |  |  |  |  |
|  |  |  |  | LS |  |  |  |  |  |  |  |
|  |  |  |  | LS |  |  |  |  |  |  |  |
|  |  |  |  | LS |  |  |  |  |  |  |  |

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