

HEALTH-RELATED DIETARY REQUEST FORM SCHOOL YEAR

Municipality of _____

- The undersigned (NAME SURNAME) _____
- Parent/guardian of (STUDENT NAME SURNAME) _____
- OR
- The undersigned school worker/teacher _____

telephone/mobile (only if clarifications are needed) _____

email address (optional) _____

Relevant school: School name _____ Class _____ Section _____

☐ NURSERY

☐ PRE-SCHOOL

☐ PRIMARY

☐ LOWER SECONDARY

Mark the meals eaten at school provided by CIRFOOD

☐ BREAKFAST

☐ MID-MORNING SNACK

☐ LUNCH

☐ MID-AFTERNOON SNACK

School days

☐ MONDAY

☐ TUESDAY

☐ WEDNESDAY

☐ THURSDAY

☐ FRIDAY

The Undersigned, as identified above:

1. **REQUESTS** for their child/for themselves as a teacher who uses the school meals service that a HEALTH-RELATED DIET is produced for:

☐ A food intolerance to (please specify the food) - a certificate from the relevant GP is therefore attached with a diagnosis and a list of foods to be excluded from the diet:

.....

☐ A food allergy to (please specify the food) - a certificate from the relevant GP is therefore attached with a diagnosis and a list of foods to be excluded from the diet:

.....

☐ **should be considered "LIFE AT RISK"** (needs life-saving medicines as he/she is at risk of serious allergic reactions, hospitalisation or anaphylactic shock)

☐ A metabolic or autoimmune disease (please specify if it is diabetes, coeliac disease, favism, etc.) - a certificate from the relevant GP is therefore attached with a diagnosis:

.....

☐ **should be considered "LIFE AT RISK"** (needs life-saving medicines as he/she is at risk of hospitalisation and serious health risks)

☐ Other (difficulty swallowing and/or chewing, eating disorders, etc.; please indicate the type of diet requested) - a certificate from the relevant GP is therefore attached with a diagnosis and a list of foods to be excluded from the diet:

.....

☐ **CANCELLATION of a health-related diet** - a certificate from the relevant GP is therefore attached prescribing a free diet

CIRFOOD s.c.

Sede Legale

Via Nobel 19, 42124 Reggio Emilia - Casella Postale n° 65 - Tel. 0522 53011 Fax 0522 530100

info@cirfood.com • www.cirfood.com

Cod. Fisc. e P.IVA 00464110352 - Registro imprese di Reggio Emilia n° 00464110352 - REA RE 132738

CIRFOOD s.c. iscritta all'ALBO SOCIETÀ COOPERATIVE con il numero A109985

Sezione COOPERATIVE A MUTUALITÀ PREVALENTE - categoria COOPERATIVE DI PRODUZIONE E LAVORO

2. **DECLARES**, as indicated on the medical certificate attached, that:

- ☐ the allergen found in traces or at the production factory CAN BE TOLERATED
☐ the allergen found in traces or at the production factory CANNOT BE TOLERATED

(If not authorized, we will proceed to eliminate from the diet all possible traces as declared in the product technical sheet. For example: a diet with no legumes no traces → all packaged and non-packaged products containing the allergen SOYA → will be eliminated from the diet spinach pie-pizza-flour-biscuits-cakes-ice cream etc).

3. **Information on artisan bread (SELF-DECLARATION):**

- 1) the ingredients of BREAD are: wheat flour, yeast and possibly salt and extra virgin olive oil;
- 2) the artisan suppliers CIRFOOD uses declare that this bread contains GLUTEN and might contain traces of the following allergens: CRUSTACEANS, EGGS, FISH, PEANUTS, SOYA, MILK INCLUDING LACTOSE, NUTS, CELERY, MUSTARD, SESAME SEEDS, SULPHUR DIOXIDE AND SULPHITES, LUPINS, MOLLUSCS as at the same plant and possibly on the same processing line, other products are also made containing these allergens (pursuant to EU Reg. 1169/2011, Italian Legislative Decree 109/92, 88/2009 et seq).

IF THERE IS A POSSIBILITY OF CONSUMING BREAD CONTAINING ALLERGENS IN TRACES, IT IS REQUIRED THAT THIS AUTHORIZATION BE SPECIFIED ON THE MEDICAL CERTIFICATE ISSUED BY THE SPECIALIST.

If updating the specialist doctor's certification is not possible, it is the responsibility and obligation of the declarant to complete the following self-certification. Failure to complete the self-certification will result in CIRFOOD providing an **alternative** product free from all the above allergens, i.e. **RICE CAKES**.

Self-certification – Substitute declaration of certification (art. 46 and 47 P. D. 28 December 2000 n. 445)

The undersigned _____
Tax code _____
born in _____ (____) on ____/____/____,
resident in _____ (____) in _____ n° _____

Aware that anyone who makes false statements is punishable under the criminal code and relevant special laws, pursuant to and for the purposes of art. 46 D.P.R. n. 445/2000.

Having understood the explanations above, the undersigned **DECLARES that**

- ☐ the allergen found in traces or at the production plant CAN BE TOLERATED
☐ the allergen found in traces or at the production plant CANNOT BE TOLERATED

4. **Information on semolina pasta:**

The main suppliers from whom CIRFOOD sources declare that the pasta contains GLUTEN and may contain traces of the allergen SOY, as detected in the semolina used for production (in accordance with EU regulation 1168/2011, D. Lgs. 109/92).

IF THERE IS A POSSIBILITY OF CONSUMING SEMOLINA PASTA CONTAINING TRACES OF SOY, IT IS REQUIRED THAT THIS AUTHORIZATION BE SPECIFIED ON THE MEDICAL CERTIFICATE ISSUED BY THE SPECIALIST.

If updating the specialist doctor's certification is not possible, it is the responsibility and obligation of the declarant to complete the following self-certification. Failure to complete the self-certification will result in CIRFOOD providing an **alternative** product free from all the soy allergen, i.e. **RICE**.

Self-certification – Substitute declaration of certification (art. 46 and 47 P. D. 28 December 2000 n. 445)

The undersigned _____
Tax code _____
born in _____ (____) on ____/____/____,
resident in _____ (____) in _____ n° _____

Aware that anyone who makes false statements is punishable under the criminal code and relevant special laws, pursuant to and for the purposes of art. 46 D.P.R. n. 445/2000.

Having understood the explanations above, the undersigned **DECLARES that**

- ☐ the allergen found in traces or at the production plant **CAN** BE TOLERATED
- ☐ the allergen found in traces or at the production plant **CANNOT** BE TOLERATED

☐ The consumer has also requested an alternative meal for ethical or religious reasons (in case of an alternative meal request, it **is necessary to also fill out** the FORM REQUEST FOR ALTERNATIVE MEALS FOR ETHICAL OR RELIGIOUS REASONS)

HE/SHE UNDERSTANDS THAT the adopted procedure involves the following:

- **Only certificates from SPECIALISTS are accepted, such as general paediatricians and specialists in allergology and/or metabolic diseases; certificates issued from specialists other than those indicated shall not be accepted** (it is best to use the form "CERTIFICATE WITH THE NECESSARY INFORMATION ON HEALTH-RELATED DIETS FOR SCHOOL CATERING" attached to this document).
- Without specific medical indication any requested health-related diet shall be valid for one school year (from September to June)
- Dietary requests for permanent metabolic and autoimmune diseases, such as diabetes, coeliac disease and favism, are valid for the entire school cycle (e.g. for the whole time spent at the same pre-school, from class 1 to 5 at the same primary school, etc.), even if it is not specified on the medical certificate.
- **A medical certificate must be presented if the diet is to be suspended, supplemented and/or restricted in any way**
- In order to protect users on a health-related diet as best as possible, **changes to the diet are not accepted (integrations and/or restrictions) when communicated verbally or signed as a self-declaration**, neither from teachers or parents.
- We recommend keeping a copy of the following documentation together with the medical certificate in case they need to be presented when attending summer camps.
- The undersigned understands that the documentation provided may be assessed by the local healthcare authority.

The undersigned declares that the information and data provided in this form is true.

Place and date

Legible signature

TO BE COMPLETED BY THE ATTENDING PHYSICIAN – N.B. Only certifications from SPECIALISTS are accepted, such as primary care paediatricians, specialists in allergology and/or metabolic diseases.

Date _____

This is to certify that the child _____ M ☐ F ☐

Born on _____ present:

☐ **FOOD ALLERGY**

Potential for severe reactions up to **anaphylactic shock** requiring immediate availability of self-injectable adrenaline

☐ YES ☐ NO

Detected based on the following diagnostic procedures:

- ☐ In vivo test
- ☐ In vitro test
- ☐ Intestinal biopsy
- ☐ Breath test
- ☐ Oral provocation test

☐ **FOOD INTOLERANCE**

☐ **CELIAC DISEASE**

☐ **METABOLIC DISORDER/ENZYMATIC DEFICIENCY**

☐ **OTHER PATHOLOGY** _____

N.B. Please note that only medical certifications including diagnostic tests recognized by the Ministry of Health will be considered.

Therefore, **A DIET FREE FROM THE FOLLOWING FOODS IS REQUESTED OR ADHERING TO THE FOLLOWING DIETARY INFORMATION:**

Additional specifications:

- ☐ the food or allergen found in traces or at the production plant **CAN** BE TOLERATED
- ☐ the food or allergen found in traces or at the production plant **CANNOT** BE TOLERATED

Duration of therapeutic diet:

- ☐ Entire school cycle
- ☐ Entire school year
- ☐ n _____ months

Stamp and signature of the Attending Physician

ALTERNATIVE MEAL REQUEST FORM FOR ETHICAL OR RELIGIOUS REASONS

SCHOOL YEAR

Municipality of _____

- The undersigned (NAME SURNAME) _____
- Parent/guardian of (STUDENT NAME SURNAME) _____
- OR
- The undersigned school worker/teacher _____

telephone/mobile (only if clarifications are needed) _____

email address (optional) _____

Relevant school: School name _____ Class _____ Section _____

☐ NURSERY ☐ PRE-SCHOOL ☐ PRIMARY ☐ LOWER SECONDARY

Mark the meals eaten at school provided by CIRFOOD

☐ BREAKFAST ☐ MID-MORNING SNACK ☐ LUNCH ☐ MID-AFTERNOON SNACK

School days ☐ MONDAY ☐ TUESDAY ☐ WEDNESDAY ☐ THURSDAY ☐ FRIDAY

The Undersigned, as identified above:

1. **REQUESTS** for their child/for themselves as a teacher who uses the school meals service that an alternative meal is produced on ethical/religious grounds:

- Religious reason
 - ☐ no meat at all
 - ☐ no meat at all and fish
 - ☐ no pork
 - ☐ no beef
 - ☐ other (please specify) _____
- Ethical reason
 - ☐ lacto-ovo vegetarian diet (no meat, no fish, but eggs and milk or milk products are allowed)
 - ☐ lacto-vegetarian diet (no meat, no fish, no eggs but milk or milk products are allowed)
 - ☐ vegan diet (no meat, no fish, no eggs, no milk or milk products)

2. If a health-related diet is needed due to an intolerance or allergy, **you must also fill out** the HEALTH-RELATED DIETARY REQUEST FORM and attach the requested documentation

3. The excluded foods indicated above do NOT take into account possible traces of allergens found in the raw materials used

4. The request is considered valid for the entire school year cycle

5. The undersigned understands that the documentation provided may be assessed by the local healthcare authority.

The undersigned declares that the information and data provided in this form is true.

Place and date

Legible signature

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