

School name **HAMAMATSUSHIRITSU OOSHOGAKKO**

grade class

Student name **○○ ○○**

Guardian/res **○○ ○○**

Period of stay: from **○○**月 **○○**日() ~ to **○○**月 **○○**日()

TEL pl/ contact: **000-0000-0000**

Possible contact hour:

①Is the child allergic to any food? ⇒ **はいYES** ・ いいえNO If the answer is YES, continue to number ②. If the answer is NO, the survey is finish..

②Please circle below (○) the allergenic food.

* Service needed

(* 1) つなぎは大丈夫 No problem if mixed with other ingredients in small amount ... the allergenic food in visible format. (Example: in case of egg allergy, the child does not eat omelet / if allergic to milk does not drink milk / if allergic to shrimp does not eat fried shrimp).

(* 2) 完全除去 Remove completely ... Remove seasonings and foods containing egg white, lactose, wheat and fish.

(* 3) 加熱すれば大丈夫 If the food is cooked no problem.

※Please understand, thist is not about food the student likes or dislikes. This is an allergy research.

Please complete considering that exercise-induced allergy may occur

★We can not totally remove the allergic substance.(Therefore, depending on the symptoms we will ask the child to bring hir/her own food.)

If "YES", circle the table according to the corresponding allergic food and write about the allergic food.

Allergic food not listed should be written in "OTHERS".

SERVICE REQUIRED	アレルギー食物 ALLERGIC INGREDIENT																																										
	特定原材料 MAIN FOOD															特定原材料に準ずるもの OTHER FOOD														その他 OTHERS													
	卵 Egg	乳 Milk	小麦 Wheat	落花生 Peanut	そば wheat	えび Shrimp	かに Crab	牛肉 Beef	豚肉 Pork	鶏肉 Chicken	大豆 SOY	ゼラチン GELATINE	サケ SALMON	魚介類 FISH	イカ MACKEREL	えび Shrimp	りんご Apple	いか Squid	そば MOUSCO	アボカド AVOCADO	イクラ Salmon	イチゴ Peach	卵 MUSHROOM	椎茸 MATSUTAKE	インゲン豆 INHAME	キウイ KIWY	ナッツ Nuts	オレンジ Orange	バナナ BANANA	アボカド Avocado	シシトフ Sesame	ナッツ Cashew Nuts	TOMATO										
つなぎは大丈夫 (*1) No problem if mixed in small quantity																																											
完全除去 (*2) Remove completely					<input type="radio"/>																															<input type="radio"/>							
加熱すれば大丈夫 (*3) If cooked, no problem.	<input type="radio"/>	<input type="radio"/>																																									
特記事項 (症状等) What you want to report (eg, symptoms, etc.)	<p>具体的な食品名等を記入してください。 Write allergy foods. EGG (CAN NOT EAT MAYONNAISE SALAD) MILK (CAN NOT TAKE MILK, ONLY HOT MILK)</p> <p>Write about the food the child is allergic to.</p> <p>If "YES", the company MC Food Service may get in contact by phone.</p>																																										

③Would you klike to replace the menu? ⇒ **はいYES** ・ いいえNO

④Would you like to talk to the person in charge? ⇒ **はいYES** いいえNO

※以下は当センターで記入します。 The space below will be filled by the establishment.

アレルギー対応メニュー Allergy Support menu	1日目 夕食 Diner for 1st day	2日目 朝食 2nd day breakfast	2日目 昼食 2nd day lunch	2日目 夕食 2nd day diner	3日目 朝食 3rd day breakfast	3日目 昼食 3rd day lunch
		5/16 Pasta salad (replaced by) ⇒ Chinese Salad with Harusame Sliced tomato ⇒ Broccoli namuru	5/17 Potato salad (replaced with) ⇒ Fried potato	5/17 Creamy Sesame Sauce ⇒ Red onion sauce	5/17 Gobo salad (strong root) with corn ⇒ Broccoli with okaka (grated dry fish)	5/18 Spaghetti with bacon ⇒ Suggested with tuna Omelet (with ketchup) ⇒ Fried bread

If you agree with the "allergy care menu", please sign and stamp.

The allergy care menu will be Written 「○○⇒□□」 and will be returned to the .

I agree with the allergy menu written above.

Guardian or responsible **○○ ○○**



〒435-0045 Shizuoka ken Hamamatsu-shi Naka-ku Hosojimacho 10-4
 TEL: 053-411-6133 FAX: 053-411-6213 Responsible: IKEDA
 【Hamamatsu-shi Kawana Yagai Katsudo Center, refectory】
 TEL(FAX) refectory: 053-544-0432 Responsible: KOBAYASHI

※The above information will only be used for meal subject in our establishment. After use it will be cut and burned.

※Deadline to answer: ⇒ We need to send to MC Food Service up to 21 days in advance.