

(英語)

SAMPLE TO FILL IN THE SURVEY

② 食物アレルギーに関するアンケート SURVEY ABOUT FOOD ALLERGIC

Fill-in date _____ / _____ / _____.

School name _____

_____ grade _____ class _____ Student name _____

_____ Guardian/responsible _____

Period of stay: _____ from _____ 月 _____ 日() ~ to _____ 月 _____ 日()

TEL p/ contact: _____

Possible contact hour: _____

① Is 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..

② Please 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 ... Remove the allergic 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 flour, meat and fish.

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

※Please understand, this 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.)

Table with columns for SERVICE REQUIRED and ALLERGIC INGREDIENT (MAIN and OTHER). Rows include allergy types like Egg, Milk, Wheat, etc., and a section for specific symptoms.

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

④ Would 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.

Table for Allergy Support menu with columns for 1st day dinner, 2nd day breakfast, 2nd day lunch, 2nd day diner, 3rd day breakfast, and 3rd day lunch.

I agree with the allergy menu written above.

Guardian ou responsible _____

Kabushikigaisha MC Food Service 〒435-0045 Shizuokaken 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: TEGURI

※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.