

# Special Diets Referral Form



Child's Details	
Name:	Date of Birth:
Address:	
Postcode:	
Parent/Guardian's Name:	Relationship to child:
Telephone Number:	Parent's/Guardian email address:

Special Dietary Requirements						
Please circle below your child's allergy/intolerance						
Gluten	Tree Nuts	Peanuts	Sesame	Eggs	Fish	Milk
Soya	Lupin	Mustard	Celery	Crustacean	Molluscs	Sulphur Dioxide
Any other medical diets/food allergy: <i>(i.e. diabetic carbohydrate counting menu, PKU)</i>						
Is a 'May Contain' allowed in your child's diet? If so please advise:						
Have you attached medical documentation relating to your child's medical dietary requirements:						YES / NO
<i>(please note your request will not be processed without appropriate documentation)</i>						
School details						
Contract: <i>(i.e. County Area)</i>						
Name of School:						
School Address:						
Postcode:						

FOR OFFICE USE ONLY
Operations Manager's Name:
Unit Manager (Host kitchen):
Host kitchen's address (if different to school):
Contract Manager:

# Special Diets Photo Record Sheet

Child's name:	<b>Child's photo</b>						
Date of birth:							
School:							
Class/Year Group:							
Parent/Guardian's Name:							
<b>(Name/Signature indicates approval to display child's photograph)</b>							
Signature:							
<b>Please circle below your child's allergy/intolerance</b>							
Gluten	Tree Nuts	Peanuts	Sesame	Eggs	Fish	Milk	
Soya	Lupin	Mustard	Celery	Crustaceans	Molluscs	Sulphur Dioxide	
Any other medical diets/food allergy: <i>(i.e. diabetic carbohydrate counting menu, PKU)</i>							
Is a 'May Contain' allowed in your child's diet? If so please advise:							
In case of an emergency, please contact:							
School contact in case of an emergency:							
If an EpiPen is needed in case of an emergency, is it stored on school site?					YES	NO	N/A
Name of member of staff who is to administer the EpiPen:							
Please return pages 1 & 2 of the form and the medical documentation by email or post to your school business manager.							
<b>FORMS RECEIVED WITHOUT MEDICAL DOCUMENTATION WILL NOT BE PROCESSED IN ACCORDANCE WITH COMPANY POLICY</b>							
<b>FOR OFFICE USE ONLY</b>							
Date form processed:							
Date form sent to Catering staff:							