

Parents Medically Diagnosed Diet Request Form

School Name
Pupils Full Name
Pupils Year Group/Class
<i>(any other identifying information).</i>

Medical Diagnosis										
Medical diagnosis received?	Yes	No	If yes, is the school in receipt of written evidence				Yes	No		
Type of medical evidence received										
Interim Risk Assessment required (awaiting confirmation of diagnosis / initial alert)							Yes	No		

Which of the following 14 notifiable allergens is the individual allergic to (please tick all which apply)									
Celery	Gluten (incl sub-allergens)	Mustard	Soya						
Crustaceans	Lupin	Nuts (incl. sub-allergens)	Sulphur Dioxide						
Eggs	Milk	Peanuts							
Fish	Molluscs	Sesame							
Notes									
Other Allergens									
Please include details of any other medically diagnosed allergens below									

Medical requirements (where known)									
Auto Injector (Epi-pen)	Yes	No	Notes						
Other Medicine	Yes	No	Notes						

Route									
Oral Ingestion	Yes	No							
Touch	Yes	No	NOTE: If a pupil has an allergy triggered by touching the allergen, a separate risk assessment must be undertaken by the school before provision commences.						
Air-bourne	Yes	No	NOTE: If a pupil has an airborne allergy, a separate risk assessment must be undertaken by the school before provision commences.						
Notes									

To be completed by SIPS										
Interim Risk Assessment required (awaiting confirmation of diagnosis / initial alert)							Yes	No		
Required controls/ adaptations										
Adapted Menu – attach details										
Preparation										
Storage										
Serving										

Food Allergen Disclaimer

We freshly prepare much of our food and drink each day and use many different ingredients in our recipes and kitchens. We take food safety very seriously but despite our best efforts to prevent cross-contamination, we cannot guarantee that our food and drinks are completely free from ingredients that may affect those with food allergies.

We recognise the seriousness of food allergies. As a result, we recommend that if your child has an allergy, intolerance or some other food related condition (such as coeliac disease) that you should notify your school, which will then inform SIPS so we can see how we may support your child to stay for school meals.

Terms and conditions

By completing this medical diet request form, parents/ carers are consenting for an adapted medical diet menu to be prepared for their child and for their child to be identified as having a dietary requirement in accordance with the identification system operated in the school. The medical diet menu will continue until SIPS are notified in writing otherwise. You will receive a copy of the medical diet menu and are required to notify any discrepancies immediately. If you do not notify any discrepancies prior to the new menu start date, this will signify the acceptance of the medical diet menu. It is the parent/carer's responsibility to inform SIPS in the case of any changes to the medical diet requested for their child. If SIPS becomes aware of any other medical diet requirement which has not been disclosed via a request form with supporting evidence service may be refused.

SIPS may choose to offer an interim menu to the individual comprising of a jacket potato with a suitable filling, together with a suitable dessert. This menu may remain in place until the full findings of the risk assessment become evident.

If, at any stage, SIPS deem the risk is too great, SIPS reserve the right to decline the request to cater for a medical diet, if a risk assessment considers the risk too high or the process is not completed in full.

Parent/Carer Name

Signature

Date

Please return this form with supporting medical evidence to your school for it to be returned to SIPS.