

Medical Diet Referral Form

Dear Parent/Guardian,

If you require information to be provided or school meals to be adapted and a special diet menu to be served for your child's medical dietary requirements, please carefully read the **Medical Dietary Safeguarding Policy and Procedure** before completing this form.

Medical dietary requirements may be due to a food allergy, intolerance, coeliac disease or other medical conditions. If your child does not have a medical dietary requirement, there is no need to complete this form.

Please return your completed form and accompanying documents to your school.

1) Child's Details

First Name:

Surname:

Date of Birth:

Year Group:

School Name:

School Address:

2) Medical Dietary Requirements

a) My child has:

- | | |
|--|--|
| <input type="checkbox"/> Food Allergy | <input type="checkbox"/> Food Intolerance |
| <input type="checkbox"/> Coeliac Disease | <input type="checkbox"/> Diabetes (type 1) |
| <input type="checkbox"/> Other- please specify | |

b) My child carries an adrenaline autoinjector e.g. EpiPen

- ☐ Yes ☐ No

c) My child requires the following:

- ☐ Special Diet Menu
- ☐ Energy and Nutrition Information- *please move to section 5*

Medical Diet Referral Form

3) Adapted Menu Requirements *(please complete if applicable)*

My child's special diet menu needs to exclude:

Legislated allergens:

- | | |
|---|--|
| <input type="checkbox"/> Celery | |
| <input type="checkbox"/> Cereals Containing Gluten | <input type="checkbox"/> Mustard |
| <input type="checkbox"/> Egg- All | <input type="checkbox"/> Nuts (Tree Nuts and/or Peanuts) |
| <input type="checkbox"/> Egg – Raw and Undercooked Only | <input type="checkbox"/> Sesame |
| <input type="checkbox"/> Fish | <input type="checkbox"/> Soyabeans |
| <input type="checkbox"/> Lupin | <input type="checkbox"/> Sulphur Dioxide and Sulphites |
| <input type="checkbox"/> Milk – All Dairy Products | |
| <input type="checkbox"/> Milk- Drinking Milk Only | |

Other common allergens:

- | | |
|-------------------------------------|--|
| <input type="checkbox"/> Coconut | <input type="checkbox"/> All Beans and Legumes |
| <input type="checkbox"/> Kiwi | <input type="checkbox"/> Lentils |
| <input type="checkbox"/> Pineapple | <input type="checkbox"/> Chickpeas |
| <input type="checkbox"/> Strawberry | <input type="checkbox"/> Green/Garden Peas |
| <input type="checkbox"/> Apple | <input type="checkbox"/> Broad/Fava Beans |
| <input type="checkbox"/> Tomato | <input type="checkbox"/> All seeds – but can include seed oils |
| <input type="checkbox"/> Banana | <input type="checkbox"/> All seeds - and exclude seed oils |

Please specify if your child needs other adaptations or exclusions:

4) Dietary Preferences

My child's special diet menu also needs to be *(tick all that apply and leave blank if not applicable)*:

- | | | | |
|---|---|----------------------------------|-------------------------------------|
| <input type="checkbox"/> Vegetarian (no fish) | <input type="checkbox"/> Vegetarian (eats fish) | <input type="checkbox"/> Vegan | |
| <input type="checkbox"/> Halal Meat | <input type="checkbox"/> No Pork Only | <input type="checkbox"/> No Beef | <input type="checkbox"/> Other..... |

Medical Diet Referral Form

5) Parent/Guardian Declaration

Please confirm and sign the below statements to enable your referral to be processed:

- ☐ I confirm I am returning this completed form with the required acceptable medical documentation. I understand that if I am requesting a special diet menu, ISS reserve the right to decline a referral if insufficient documentation is provided. Please refer to the Medical Dietary Safeguarding Policy for further information.
- ☐ I confirm I am returning this form with a recent colour photograph of my child.
- ☐ I confirm it is my responsibility to inform the school of any changes to my child's medical dietary requirements.
- ☐ I confirm I will inform the school if my child no longer requires school meals.

Special Diet Menu Referrals Only:

- ☐ I confirm I understand that a special diet menu will be created for my child based on the information I have provided on this form and I have checked this matches the information provided in the supplied medical documentation.
- ☐ I confirm I have completed the temporary meal form on page 4 if I would like my child to have a meal provided at school while a special diet menu is created.

Parent/Guardian Details:

First Name:

Surname:

Signature:

Date:

Please return this completed form with medical documentation and a colour photograph to your school.

During peak periods, a special diet menu may take up to 3 weeks to process following receipt of all required information. If you would like your child to receive a school meal during this time, please complete the Temporary Meal Form and return to your school.

Data Protection

We confirm that you and your child's personal data provided via the medical diet safeguarding referral form, medical documentation and consent slip will be collected, used and stored by the school. In order to allow the catering contractor, ISS Education, to provide your child with suitable and safe school meals, this data will also be processed in accordance with data protection laws in the UK and will be safeguarded via appropriate technical and organisational security measures. Please see the school's website for the Privacy Notice which confirm further details about how we collect, use and store you and your child's personal data. All information will be held strictly confidential and will not be shared with any third parties.

Temporary Meal Form

Please select from the table below which meals you consent your child to be served and return to your school.

We offer a limited selection of temporary meals to ensure your child can still be safely catered for until their special diet menu is in place. The temporary meal options are suitable for most diets.

Once the special diet menu and signed consent form have been received by the kitchen manager (from their area manager) your child will only be served meals from their special diet menu.

Pupil Name:

Year Group:

School Name:

School
Post
Code:

Please select one or more of the meals listed below which you consent to your child eating.

						Suitable for:		
Parent / Guardian Meal Selection(s) (please tick)	Temporary Meal (Recipe)	Key Allergens Present	Portion Size (g)	Total Carbohydrate (g)	Total Fat (g)	 Vegetarians	 Vegans	 Halal
	Jacket Potato & Baked Beans (PBB-08817)	Tomato; Legumes (beans)	238	48.7	0.6	YES	YES	YES
	Jacket Potato & Cheese (PBB-08816)	Dairy	218	42.9	10.6	YES	NO	YES
	Mixed Vegetable Stir Fry (DSB-07365)	None	81	4.1	1.6	YES	YES	YES
	Plain Rice (PBB-08825)	None	137	39.0	0.0	YES	YES	YES
	Banana (PBB-08896)	None	100	23.2	0.3	YES	YES	YES
	Apple (PBB-13057)	None	80	9.3	0.4	YES	YES	YES
	Orange (PBB-13056)	Citrus Fruit	96	7.9	0.2	YES	YES	YES

Parent/Guardian Name:

Year:

Parent/Guardian Signature:

Date: