

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								
<table border="0"> <tr> <td>GLUTEN</td> <td>TREE NUTS</td> <td>PEANUTS</td> <td>COWS MILK</td> <td>EGGS</td> <td>FISH</td> <td>SESAME</td> <td>SOYA</td> </tr> </table>	GLUTEN	TREE NUTS	PEANUTS	COWS MILK	EGGS	FISH	SESAME	SOYA
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Any other medical diets/food allergy: <i>(i.e. diabetic carbohydrate counting menu, PKU)</i>								
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
District 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:	Child's photo								
Date of birth:									
School:									
Class/Year Group:									
Parent/Guardian's Name:									
(Name/Signature indicates approval to display child's photograph)									
Signature:									
Please circle below your child's allergy/intolerance									
<table style="width: 100%; border: none;"> <tr> <td style="padding: 5px;">GLUTEN</td> <td style="padding: 5px;">TREE NUTS</td> <td style="padding: 5px;">PEANUTS</td> <td style="padding: 5px;">COWS MILK</td> <td style="padding: 5px;">EGGS</td> <td style="padding: 5px;">FISH</td> <td style="padding: 5px;">SESAME</td> <td style="padding: 5px;">SOYA</td> </tr> </table>		GLUTEN	TREE NUTS	PEANUTS	COWS MILK	EGGS	FISH	SESAME	SOYA
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Any other medical diets/food allergy: <i>(i.e. diabetic carbohydrate counting menu, PKU)</i>									
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?	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; text-align: center;">YES</td> <td style="width: 25%; text-align: center;">NO</td> <td style="width: 25%; text-align: center;">N/A</td> </tr> </table>	YES	NO	N/A					
YES	NO	N/A							
Name of member of staff who is to administer the epipen:									
<p><i>Please return pages 1 & 2 of the form and the medical documentation by email or post to:</i> jmartin@edwardsandward.co.uk</p>									
<p>Janice Martin Edwards & Ward Ltd. 141 Milton Rd (behind Old Waterworks) Weston Super Mare North Somerset BS22 8AA</p>	<p>FORMS RECEIVED WITHOUT MEDICAL DOCUMENTATION WILL NOT BE PROCESSED IN ACCORDANCE WITH COMPANY POLICY</p>								
FOR OFFICE USE ONLY									
Date form processed:									
Date form sent to Catering staff:									