

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
GLUTEN	TREE NUTS	PEANUTS	COWS MILK	EGGS	FISH	SESAME	SOYA	
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:				
<i>(Name/Signature indicates approval to display child's photograph)</i>				
Signature:				
Please circle below your child's allergy/intolerance				
GLUTEN TREE NUTS PEANUTS COWS MILK EGGS FISH SESAME SOYA				
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%;"> <tr> <td style="width: 33%;">YES</td> <td style="width: 33%;">NO</td> <td style="width: 33%;">N/A</td> </tr> </table>	YES	NO	N/A
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: jmartin@edwardsandward.co.uk				
Janice Martin Edwards & Ward Ltd. 141 Milton Rd (behind Old Waterworks) Weston Super Mare North Somerset BS22 8AA	FORMS RECEIVED WITHOUT MEDICAL DOCUMENTATION WILL NOT BE PROCESSED IN ACCORDANCE WITH COMPANY POLICY			
FOR OFFICE USE ONLY				
Date form processed:				
Date form sent to Catering staff:				