

Special Diets Referral Form



Child's Details	
Name: Click or tap here to enter text.	Date of Birth: Click or tap to enter a date.
Address: Click or tap here to enter text.	
Postcode: Click or tap here to enter text.	
Parent/Guardian's Name: Click or tap here to enter text.	Relationship to child: Click or tap here to enter text.
Telephone Number: Click or tap here to enter text.	Parent's/Guardian email address: Click or tap here to enter text.

Special Dietary Requirements
Please tick as appropriate:
GLUTEN <input type="checkbox"/> TREE NUTS <input type="checkbox"/> PEANUTS <input type="checkbox"/> COWS MILK <input type="checkbox"/> EGGS <input type="checkbox"/> FISH <input type="checkbox"/> SESAME <input type="checkbox"/> SOYA <input type="checkbox"/>
Any other medical diets/food allergy: (i.e. diabetic carbohydrate counting menu, PKU) Click or tap here to enter text.
Does your child require a Vegetarian Diet (religious diets catered for with vegetarian option): YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you attached medical documentation relating to your child's medical dietary requirements: YES <input type="checkbox"/> NO <input type="checkbox"/> (please note your request will not be processed without appropriate documentation)
School details
Contract: (i.e. County Area) Click or tap here to enter text.
Name of School: Click or tap here to enter text.
School Address: Click or tap here to enter text.
Postcode: Click or tap here to enter text.

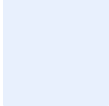
FOR OFFICE USE ONLY
District Manager's Name: Click or tap here to enter text.
Unit Manager (Host kitchen): Click or tap here to enter text.
Host kitchen's address (if different to school): Click or tap here to enter text.

Please allow 3 weeks for this request to be processed.

Please note: for new pupils requiring meals starting in September – all information must be received by 21st July



Special Diets Photo Record Sheet

Child's name: Click or tap here to enter text.		<p>Child's photo</p> 		
Date of birth: Click or tap to enter a date.				
School: Click or tap here to enter text.				
Class/Year Group: Click or tap here to enter text.				
Parent/Guardian's Name: Click or tap here to enter text.				
(Name/Signature indicates approval to display child's photograph)				
Sign Here: Click or tap here to enter text.				
Please circle below your child's allergy/intolerance				
GLUTEN <input type="checkbox"/> TREE NUTS <input type="checkbox"/> PEANUTS <input type="checkbox"/> COWS MILK <input type="checkbox"/> EGGS <input type="checkbox"/> FISH <input type="checkbox"/> SESAME <input type="checkbox"/> SOYA <input type="checkbox"/>				
Any other medical diets/food allergy: (i.e. diabetic carbohydrate counting menu, PKU) Click or tap here to enter text.				
Vegetarian Diet (religious diets catered for with vegetarian option): YES <input type="checkbox"/> NO <input type="checkbox"/>				
In case of an emergency, please contact: Click or tap here to enter text.				
School contact in case of an emergency:				
If an epipen is needed in case of an emergency, is it stored on school site?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
Please return pages 1 & 2 of the form and the medical documentation by email to: specialdiets@edwardsandward.co.uk				
INCOMPLETE FORMS OR THOSE RECEIVED WITHOUT MEDICAL DOCUMENTATION WILL NOT BE PROCESSED IN ACCORDANCE WITH COMPANY POLICY				
FOR OFFICE USE ONLY				
Date form received :Click or tap to enter a date.				
Date form sent to Catering staff:Click or tap to enter a date.				