

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>								
Does your child require a Vegetarian Diet (religious diets catered for with vegetarian option): YES / NO								
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:

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:	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							
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>							
Vegetarian Diet (religious diets catered for with vegetarian option):				YES / NO			
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?					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 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 processed:							
Date form sent to Catering staff:							