UK&I Special Diet Referral Form

PLEASE READ THE FOLLOWING INFORMATION CAREFULLY.

Our catering contractors are able to cater for some primary pupils with medical dietary requirements.
This robust dietary safeguarding procedure is designed to not only safeguard children with medical conditions but also support the catering staff involved in the preparation and service of the lunch time meals.

Medically based dietary requirements may be due to food allergy, food intolerance and, or other medical conditions, e.g., coeliac disease. They will also provide energy and nutritional count values for other medical requirements such as diabetes.

If your child has medical dietary requirements, then please complete this form and attach the following:

- a colour photo of your child, this allows your child to be identified at the point of food service.
- supporting medical documentation (GP, dietician, pediatrician or care plan) confirming your child's dietary requirements. **Without this we are unable to process forms, as per our policy.**

Once complete:

1. Return the completed form, supporting medical evidence and photo to the staff at your school reception.
2. School reception will then email the referral form plus the supporting medical documentation to nutrition@uk.issworld.com
3. School reception staff will then then print page 2 of this form and give to the Kitchen Manager, along with the photo of your child.
4. The completed special diet menu will be issued to the school reception staff for your attention within 3 weeks of the caterer's Nutrition Team receiving the special diet referral form and supporting medical documentation.

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IF YOU HAVE ANY QUERIES UPON RECEIPT OF YOUR CHILD'S SPECIAL DIET MENU, PLEASE CONTACT YOUR SCHOOL RECEPTION.

Thank you.

Data Protection

We confirm that you and your child's personal data provided via the dietary safeguarding referral form, medical documentation and consent slip will be collected, used and stored by the school. In order to allow our catering contractor, ISS Education, to provide your child with suitable and safe school meals, this data will also be processed by them 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.

Special Diet Referral Form

SECTION 1

Pupil Name: **Year Group:**

School Name: **Area:**

SECTION 2

ALLERGY/INTOLERANCE(S)* PLEASE TICK ALL WHICH APPLY

**All primary school kitchens and recipes are free from crustaceans, molluscs, kiwi and derivatives of any of the aforementioned.*

Dairy		**Nuts(incl. peanuts)**		**Lupin**		**Mustar**	
All Egg		**Coconut**		**Fish**		**Sulphites**	
Raw Egg		**Sesame**		**Soya**			
Wheat/Gluten				**Celery**			

PLEASE LIST ALL OTHER ALLERGIES/INTOLERANCES THAT ARE NOT INCLUDED ABOVE

Other (please state):

SECTION 3

Does your child use an EpiPen® (or equivalent)? Yes: **No:**

If YES which allergy is the EpiPen® required for?

No:

If YES what is the medical condition?

SECTION 4

DIETARY PREFERENCES PLEASE TICK ALL WHICH APPLY

Vegetarian options are provided everyday on the standard menu, however providing these details ensures any preferences are catered for on a special diet.

Vegetarian (eats **Vegetarian (no**

Other (please state):

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Please note: The caterer's Nutrition Team may contact you to clarify any

SECTION 5

Parent/Guardian

Email:

Phone Number:

SECTION 6

I have included and attached the Medical Evidence

In order for this form to be processed, medical evidence needs to be included as part of this form.

I have included and attached a coloured photograph of my child

This ensures your child is correctly identified at the point of food service.

I have read and understood the Dietary Safeguarding Policy

SECTION 7

Parent/Guardian

Date:

I sign this form by typing my name and confirm my intention that this electronic signature shall have the same legal effect as a handwritten signature.

SCHOOL STAFF:

Please print page 1 of this form to give to the Kitchen Manager.

The completed form should be sent to the Nutrition Team by emailing nutrition@uk.issworld.com

If you have any problems or queries, please contact us by nutrition@uk.issworld.com

NUTRITION TEAM USE ONLY:

Date Received:

Contract:

Medical Documents Received: **Yes:** **No:**

Notes:

Temporary Meal Option Form

Please select the meals listed in the table below which you consent to your child eating.

Our caterers offer a limited selection of temporary meals to ensure your child can still be safely catered for until the special diet menu is in place. The temporary meal options are suitable for most diets. The temporary safeguarding meal options are **NOT** a replacement for the dietary safeguarding procedure.

Once the special diet menu and signed consent form have been received by the kitchen manager (from their area manager) then the special diet menu must be followed.

Pupil Name:		**Year Group:**	
School Name:		**Area:**	

Please select one or more of the meals as 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)	200	54.0	0.3	YES	YES	YES
	Jacket Potato & Cheese (PBB-08816)	Dairy	180	48.1	10.5	YES	NO	YES
	Mixed Vegetable Stir Fry (PBB-07365)	None	81	3.7	1.6	YES	YES	YES
	Plain Rice (PBB-08825)	None	140	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

Please note: The caterer's Nutrition Team may contact you to clarify any details.