FORM 1.20.3 Medical Diet Application Form

1.21 v1 11/18 DR

Medical Diet Application Procedure for Parent/Guardian

1. Please complete this Medical Diet Application Form for your child.
2. In the case of an allergy/intolerance, please request a medical note from your GP or dietitian to confirm the allergy/intolerance. If you are unable to obtain a medical note from your GP, Robertson will accept a GP signature **and** the doctor's surgery stamp confirming the allergy/intolerance.
3. Return the signed completed Medical Diet Application Form **and** the medical note to the school.
4. The school will forward on the identification procedure to Robertson. This is to certify there is a school system in place that ensures your child receives the correct meal.
5. If your child suffers from multiple allergies or has a condition that significantly limits your child's diet, a meeting will be arranged with the Area Catering Manager or the school Catering Supervisor to discuss the proposed menu and ensure it meets the needs of your child.
6. Once agreed this Medical Diet Application Form should be signed by the school and Catering Supervisor to agree acknowledgement of the allergen-free diet.

Robertson changes the menu 3 times a year. Please contact the school if you require a new allergen free diet created in line with the new menu.

It is the Parent/Guardian responsibility to inform the school immediately of any changes in circumstance with regards to allergen information.

Medical Diet Application Form

Parent/Guardian Name	
Address	
Contact Telephone No	
Email Address	
Pupil Name	
Date of Birth	
School	
Class	
Doctor/Health Professional Name **Address and Telephone Number**	
Special Diet Requirements	
Doctor's Surgery Stamp and GP Signature (in an event where a medical form is unable to be obtained).	
School Identification Procedure	

Pupil Photo: (if appropriate)	

Please make sure you return this form with ***medical evidence*** to avoid delays in your application.

The Parent/Guardian is to confirm all details and medical evidence are correct:

Name..... Signature..... Date.....

The School is to confirm that they are aware of the above information and have provided Robertson a copy of the school procedure of how to identify the above-named child:

Name..... Position.....

Signature.....Date.....

The Catering Supervisor confirms they are aware of the above information and has agreed to prepare meals that adhere to the revised menu designed to be suitable for the named child's medical dietary requirements:

Name..... Position.....

Signature.....Date.....

Robertson confirms that it is reasonably practicable to create an allergen free menu and has acknowledged the school procedure for identifying the above-named child:

Name..... Position.....

Signature..... Date.....