



Special Diet Referral Form



Please read the following information carefully regarding this special diet referral form.

At ISS Education our menus are designed to cater for the majority of the school population by offering a variety of foods in a range of dishes (including vegetarian dishes) on a daily basis. Dietary needs due to religious or personal choice dietary requirements, e.g., vegan, will not be considered for special dietary menus. If you find the school menu does not cater for specific religious or personal choice dietary requirements, please contact your school for further information.

If your child has any allergy and, or intolerance, then please complete Parts A & B of this form in full and return it to the school.

We would like to advise you that it may take up to 3 working weeks (from when the Company Nutritionist / Nutrition Assistant) receives the form for the new menu to be sent to the school. Unfortunately, owing to the volume of special diet referral forms we receive, we are unable to speed track any requests.

The school will be in touch with you once your child's menu is ready. If you have any queries on receipt of the new menu, please contact the school, who in turn will notify the ISS Education Area Manager.

On behalf of ISS Education

Thank you

How to Complete this Form:

1. Please complete Parts A & B in full.
2. Please attach one colour photo of your child to Part B.
3. Please attach a letter from your child's GP, dietician, paediatrician or school nurse confirming their requirements to Part A.
4. Return Parts A and B to the school reception. The school in turn will:
 - a. **Post or fax Part A and the supporting medical documentation to the Company Nutritionist.**
 - b. **Pass Part B to the Catering Manager.**
5. The school may also take a photocopy of Part A for their records.

NB: SUPPORTING MEDICAL DOCUMENTATION MUST ACCOMPANY PART A OF THIS REFERRAL FORM.

FORMS RECEIVED WITHOUT MEDICAL DOCUMENTATION WILL NOT BE PROCESSED IN ACCORDANCE WITH COMPANY POLICY.

PART A: SPECIAL DIET REFERRAL FORM

Once complete please return to the school reception staff, along with supporting medical documentation.

PLEASE COMPLETE IN BLOCK CAPITALS

Pupil Name: _____ Sex: Male / Female: _____ Form/Class: _____

School Name: _____ School Postcode: _____

ALLERGY/INTOLERANCE(S) (Please tick all which apply):

<input type="checkbox"/> Dairy	<input type="checkbox"/> Fish	<input type="checkbox"/> Raw Eggs	<input type="checkbox"/> Nuts
<input type="checkbox"/> Wheat	<input type="checkbox"/> Soya	<input type="checkbox"/> Cooked Eggs	<input type="checkbox"/> Sesame

Other(s), Please State: _____

MEDICAL CONDITION(S) (Please tick all which apply):

<input type="checkbox"/> Diabetic	<input type="checkbox"/> Coeliac	<input type="checkbox"/> PKU	<input type="checkbox"/> G6PD
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Other(s), Please State: _____

MODIFIED TEXTURE MEALS:

<input type="checkbox"/> Soft Mash	
<input type="checkbox"/> Puree, if puree, owing to :	
<input type="checkbox"/> Chewing difficulties / texture dislikes	<input type="checkbox"/> Swallowing difficulties (dysphagia)

PLEASE ENSURE YOU HAVE ENCLOSED SUPPORTING MEDICAL DOCUMENTATION WITH THIS REFERRAL FORM. FORMS RECEIVED WITHOUT MEDICAL DOCUMENTATION WILL NOT BE PROCESSED IN ACCORDANCE WITH COMPANY POLICY.

PARENT/GUARDIAN CONTACT DETAILS (PLEASE COMPLETE IN BLOCK CAPITALS):

Name: _____ Phone Number/Email: _____

Address: _____ Postcode: _____

Please note, the Company Nutritionist/ Nutrition Assistant may contact you clarify any details.

Parent/Guardian Signature: _____ Date: _____

Company Nutritionist: ISS Education, 11 Belvue Business Centre, Belvue Road, Northolt, Middlesex UB5 5QQ Fax: 0871 429 6496

PART B: SPECIAL DIET REFERRAL FORM

**ONCE COMPLETED, TO BE PASSED TO AND HELD BY
THE SCHOOL COOK**

Pupil Name: _____

Sex: M / F _____ Form/Class: _____

Please attach a colour photograph
of your child here. This allows
your child to be identified at the
point of food service.

ALLERGY/INTOLERANCE(S) (Please tick all which apply)

- | | | | |
|-------------------------------------|------------------------------------|--|---------------------------------|
| <input type="checkbox"/> Dairy Free | <input type="checkbox"/> Fish Free | <input type="checkbox"/> Raw Egg Free | <input type="checkbox"/> Nuts |
| <input type="checkbox"/> Wheat Free | <input type="checkbox"/> Soya Free | <input type="checkbox"/> Cooked Egg Free | <input type="checkbox"/> Sesame |

Other(s), Please State: _____

MEDICAL CONDITION(S) (Please tick all which apply):

- | | | | |
|-----------------------------------|----------------------------------|------------------------------|-------------------------------|
| <input type="checkbox"/> Diabetic | <input type="checkbox"/> Coeliac | <input type="checkbox"/> PKU | <input type="checkbox"/> G6PD |
|-----------------------------------|----------------------------------|------------------------------|-------------------------------|

MODIFIED TEXTURE MEALS:

- | | |
|--|--|
| <input type="checkbox"/> Soft Mash | |
| <input type="checkbox"/> Puree, if puree, owing to : | |
| <input type="checkbox"/> Chewing difficulties / texture dislikes | <input type="checkbox"/> Swallowing difficulties |

Parent's/Guardian's Signature: _____

Date: _____