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**Learning Academy Partnership**

**Special Medical Requirement Diet Referral Form**

*Important - Please read the following information carefully.*

We run an In house catering service where we 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.

If your child has medical dietary requirements, then please:

• Complete this form in full (ensuring to attach a colour photo of your child)

• Ensure you are able to submit medical documentation (GP, dietician, paediatrician or school nurse) to support the referral form, confirming your child's dietary requirements.

1. Return the completed form and supporting medical evidence (confirming your child's medical dietary requirements) to the Administrator in your school office/reception.

2. School reception staff will scan the referral form plus the supporting medical documentation and send to Mrs Nic Carter, Trust Catering Lead

3. A further copy of the referral form (with the photo of your child) will be passed to the Kitchen Manager.

4. Where appropriate a completed special diet menu will be issued to the school reception staff for your attention. If you have any queries upon receipt of your child's special diet menu, please contact the reception team.

**SPECIAL DIET REFERRAL FORM **

**PLEASE COMPLETE IN BLOCK CAPITALS. PLEASE COMPLETE ALL PARTS OF THE FORM. ONCE COMPLETE, PLEASE RETURN TO YOUR SCHOOL ADMINISTRATOR.**

Pupil Name:

School Name: Town/Area: Postcode:

Does your child use an EpiPen"' (or equivalent)? Yes No

**ALLERGY /INTOLERANCE(S)\* (Please tick all which apply);**

*Other (please State)*

|  |  |  |
| --- | --- | --- |
| Milk |  |  |
| Eggs |  |  |
| Peanuts |  |  |
| Gluten |  |  |
| Fish |  |  |
| Soya |  |  |
| Celery |  |  |
| Crustaceans |  |  |
| Molluscs |  |  |
| Mustard |  |  |
| Sulphur Dioxide |  |  |
| Sesame |  |  |
| Nuts |  |  |
| Lupin |  |  |

**Any other allergies:**

**MY CHILD REQUIRES (Please Tick);**

Vegetarian (eats fish)

Vegetarian (no fish)

Vegan

*Other (Please State)*

**Any other information:**

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

Name:

Phone Number: Email:

Address: Postcode:

Parent/Guardian Signature: Date:

|  |  |
| --- | --- |
| Review Frequency | Annual |
| Reviewed  | Spring 2024  |
| Next Review Date | Spring 2025 |