

ALLERGY/INTOLERANCE AND TEXTURE MODIFIED DIET REFERRAL FORM

ONLY TO BE COMPLETED FOR CHILDREN WITH AN ALLERGY OR INTOLERANCE OR T.M.D

Important Notes & Guidance

Eden Foodservice strives to provide menus for children with special dietary requirements whenever possible. The referral form is essential to allow the Nutrition Department to provide safe, special diet plans; therefore all sections must be completed in full.

In line with the Data Protection Act 1998, all information held is kept on a password protected database with written documentation in a locked cupboard. This information is used for the sole purpose of providing meals for children with special dietary requirements and will not be shared with any other organisation. **Please sign the form below to give parental/guardian consent for this information to be stored by us.** Regrettably, if we do not receive this consent we will be unable to deal with your child's requirement. You may contact us at any time should you wish to have the information we store amended or deleted.

Please scan and email completed forms to: sasha.green@interserve.com

*It is essential that the form is **signed and stamped/completed** by a registered medical professional i.e. Doctor; School Nurse; language therapist or dietitian, ensuring that the information on the form is accurate (as advised by health professionals and in liaison with dietetic departments around the United Kingdom), to prevent any problems occurring with respect to interpretation and/or health and safety. **We are unable to fund potential charges made by a GP, therefore we will accept a copy of a past letter stating the allergy or completion of the relevant section by another registered medical professional, as detailed above.**

CHILDS DETAILS		
Childs Name		
Allergy/Intolerance <i>(if your child also has religious/cultural preferences, please advise)</i>		
If a textured modified diet is required, please provide details		
Date of Birth		
SCHOOL DETAILS – Staff can help you complete this section		
LEA/Contract (e.g. Kent, Bristol)		
School attended by child	Name	
	Address	
School where food is cooked (Mother kitchen) if not as above.	Name	
	Address (if different to above)	
PARENT/GUARDIAN DETAILS		
Contact Name (Parent/Guardian)		
Contact Address		
Postcode		
Contact Phone Numbers		
*Email Address (required field)		
MEDICAL REFERRAL* (To be completed by a registered medical professional such as GP or Dietician <u>OR</u> a supported by letter from a medical professional – state below if letter enclosed) <u>WITHOUT THIS INFORMATION WE CANNOT PROCESS THIS SPECIAL DIET</u>		
A letter from a medical professional, old or new is acceptable. Please state if enclosed.		
Name of Medical Professional		
Relevant Professional Qualification		
Practice/Surgery/Hospital Address		
Any further clarification/details on the special dietary requirement.		
Medical Professional Signature		Date
Consent To Store Data in line with the Data Protection Act 1998		
I/we consent to the above data being stored in the manner described by Eden so that a suitable school meal may be provided for this child.		
Parent/Guardian Signature(s)		Date

PLEASE NOTE: Your child WILL NOT be issued with a school meal until you and the school kitchen have received the special diet menu and information from the Nutrition Department