

## 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.

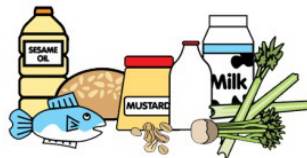
If your child has any allergy and, or intolerance, then please complete Parts A & B of this form in full and return it to the school.

We would like to advise you that it may take up to 3 working weeks (from when the Company Nutritionist / Assistant Nutritionist) 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



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### 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 / Assistant 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; PLEASE COMPLETE ALL PARTS OF THE FORM AS REQUIRED.**

Pupil Name: \_\_\_\_\_ 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 |
|-----------------------------------|----------------------------------|------------------------------|-------------------------------|

Other(s), Please State: \_\_\_\_\_

**MODIFIED TEXTURE MEALS:**

- Soft Mash
- Puree, if puree, thick or thin puree?: \_\_\_\_\_

**SELECTIVE DIETS:**

- Texture dislikes / Selective eating, please state: \_\_\_\_\_
- Vegetarian, eats fish       Vegetarian, does not eat fish

**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/ Assistant Nutritionist may contact you to clarify any details.*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Assistant 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**

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

Pupil Name: \_\_\_\_\_

Sex: M / F \_\_\_\_\_ Form/Class: \_\_\_\_\_

**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:**

- Soft Mash
- Puree, if puree, thick or thin puree?: \_\_\_\_\_

**SELECTIVE DIETS:**

- Texture dislikes / Selective eating, please state: \_\_\_\_\_
- Vegetarian, eats fish       Vegetarian, does not eat fish

Parent's/Guardian's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**ONCE COMPLETE, PLEASE PASS TO THE SCHOOL COOK/CATERING MANAGER  
WITH ATTACHED PHOTO FOR ID**