



## Learning Academy Partnership Special 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 different dietary requirements. This robust dietary safeguarding procedure is designed to not only safeguard children with different dietary requirements or 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 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, where appropriate, (GP, dietician, paediatrician or school nurse) to support the referral form, confirming your child's dietary requirements.

1. Return the completed form and any 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 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

Halal

*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:

**Screwfix**

Review Frequency	Annual
Reviewed	Spring 2024
Next Review Date	Spring 2025