

SPECIAL DIET REFERRAL FORM FOR MEDICALLY PRESCRIBED DIETS

School	
Name of Child	
Date of Birth	
Gender	
Medical Condition	
Please list dietary requirements (attach any relevant medical notes)	
Please list speciality products parent/carer will provide i.e. Supplements	
Is child knowledgeable about his/her dietary requirements?	Yes/No

We/I the parent/carer of the above child accept that Independent Catering will carry out due diligence in providing our child with suitable food, but also accept that Independent Catering will inform parent/carer whether special dietary requirements cannot be provided safely and to an acceptable level. We/I the parent/carer of the above child give permission for a flash card containing a picture and description of the dietary needs of the above child to be displayed discretely in the serving area.

Picture of child attached	Yes/No
Parent/Carer Signature	Date
School Representative Signature	Date
Catering Manager's Signature	Date

cc: School Office, Independent Catering Operations Manager, Parent

WE ONLY USE

