Special Diet Referral Form v1

RAD-F-67

Please hand your completed forms to the School Chef Manager

PLEASE COMPLETE IN BLOCK CAPITALS

Pupil Name: School Name:

School Year:

Allergy, Intolerance and/or Medical Condition: (please tick one or more boxes)

☐	**Eggs**	☐	**Cereals containing gluten**
☐	**Milk**	☐	**Dairy**
☐	**Fish**	☐	**Shellfish**
☐	**Sesame**	☐	**Molluscs , e.g. clams, mussels, whelks, oysters and squid**
☐	**Soya**	☐	**Sulphur dioxide, which is a preservative found in some dried fruit**
☐	**Celery & Celeriac**	☐	**Mustard**
☐	**Lupin**	☐	**Nuts / Peanuts (including any nut or sesame allergy)**
☐	**Coeliac Disease**	☐	**Diabetes**

Other (please give details below)

A pupil 'like' or 'dislike' must not be included on this document.

Contact Details Parent/Guardian:

Address:

Postcode:

Phone Number:

Contact Details of Medical Professional:

Name:

Address:

Postcode:

Phone Number:

☐ GP referral letter attached to this document? (This should be attached)

Signature of Parent/Guardian:

Date:

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