



Special Diet Referral Form



Please read the following information carefully regarding this special diet referral form.

In line with new statutory guidance the school is required to produce Education Health Care Plans to support pupils with medical conditions; this extends to specific dietary requirements. At Parc Eglos School our menus are designed to cater for the majority of the school population by offering a variety of foods (including vegetarian dishes) on a daily basis.

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 will maintain current arrangements for the immediate future but do need to receive new documentation for existing allergies/intolerances.

On behalf of Parc Eglos School

Thank you

How to Complete this Form:

1. Please complete Parts A & B in full.
2. Please attach a letter from your child's GP, dietician, paediatrician or school nurse confirming their requirements to Part A.
3. Return Parts A and B to the school reception. The school in turn will:
 - a. Retain Part A as part of the child's Education Health Care Plan.
 - b. Pass Part B to the Catering Manager.

NB:SUPPORTING MEDICAL DOCUMENTATION MUST ACCOMPANY PART A OF THIS REFERRAL FORM.



PARTA:SPECIALDIETREFERRALFORM

Once complete please return to the school reception staff, along with supporting medical documentation.

PLEASE COMPLETE IN BLOCK CAPITALS

Pupil Name: _____ Sex: 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
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Other(s), Please State: _____

MODIFIED TEXTURE MEALS:

<input type="checkbox"/> Soft Mash	
<input type="checkbox"/> Puree, if puree, owing to :	
<input type="checkbox"/> Chewing difficulties / texture dislikes	<input type="checkbox"/> Swallowing difficulties (dysphagia)

PLEASE ENSURE YOU HAVE ENCLOSED SUPPORTING MEDICAL DOCUMENTATION WITH THIS REFERRAL FORM.

PARENT/GUARDIAN CONTACT DETAILS (PLEASE COMPLETE IN BLOCK CAPITALS):

Name: _____ Phone Number/Email: _____

Address: _____ Postcode: _____

Please note, the Company Nutritionist/ Nutrition Assistant may contact you clarify any details.

Parent/Guardian Signature: _____ Date: _____

PART B: SPECIAL DIET REFERRAL FORM

ONCE COMPLETED, TO BE PASSED TO AND HELD BY
THE SCHOOL COOK

The school will attach a photo of
your child here.

Pupil Name: _____

Sex: M / F

Form/Class: _____

ALLERGY/INTOLERANCE(S) (Please tick all which apply)

Dairy Free

Fish Free

Raw Egg Free

Nuts

Wheat Free

Soya Free

Cooked Egg Free

Sesame

Other(s), Please State: _____

MEDICAL CONDITION(S) (Please tick all which apply):

Diabetic

Coeliac

Other(s), Please State: _____

MODIFIED TEXTURE MEALS:

Soft Mash

Puree, if puree, owing to:

Chewing difficulties / texture dislikes

Swallowing difficulties

Parent's/Guardian's Signature: _____

Date: _____