

ISS Education Special Diet Referral Form

Please read the following information 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 on a daily basis. Dietary needs due to religious or personal choice, e.g., vegetarianism, will not be considered as the standard menu is designed to offer a choice of dishes, with a vegetarian option always being available.

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 will take up to 3 working weeks (from when the Company 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

How to Complete this Form:

1. Please complete Parts A & B in full.
2. Please attach one colour photo of your child to Part A and one colour photo 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 to the Company Nutritionist.**
 - b. **Pass Part B to the Catering Manager.**
5. The school may also take a photocopy of Part A for their records.

PART A - SPECIAL DIET REFERRAL FORM : PLEASE SEND TO COMPANY NUTRITIONIST

Please complete this form in full, attaching a colour photo of your child and a supporting letter from your child's GP, dietician, paediatrician or school nurse confirming their requirements. Once complete please return to the school reception staff who in turn will pass it to the Company Nutritionist.

Pupil Name: _____ Sex: Male / Female: _____ School Year: _____

School Name: _____ Postcode: _____

1. Allergy/Intolerance(s) (Please tick):

- | | | | |
|--------------------------------|-------------------------------|--------------------------------------|-------------------------------|
| <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 | |

Other, Please State: _____

2. Medical Condition(s) (Please tick):

- | | |
|-----------------------------------|----------------------------------|
| <input type="checkbox"/> Diabetic | <input type="checkbox"/> Coeliac |
|-----------------------------------|----------------------------------|

Other, Please State: _____

If Modified Texture meals are required, please give details: _____

Please attach a colour photograph of your child here.

Parent / Guardian Contact Details:

Name: _____

Address: _____

Postcode: _____

Phone Number: _____

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

Parent/Guardian Signature: _____

Date: _____

PART B - SPECIAL DIET REFERRAL FORM: TO BE HELD BY THE SCHOOL COOK

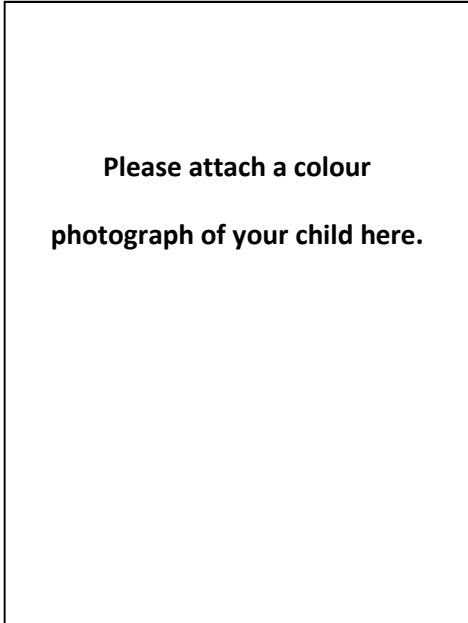
Please complete this form in full, attaching a colour photo of your child.

Once complete, please return it to the school reception staff to be passed to the School Cook.

Pupil Name: _____

Sex: Male / Female _____

School Year: _____



Dietary Requirement(s) (Please tick):

- | | | |
|-------------------------------------|------------------------------------|--|
| <input type="checkbox"/> Dairy Free | <input type="checkbox"/> Fish Free | <input type="checkbox"/> Raw Egg Free |
| <input type="checkbox"/> Wheat Free | <input type="checkbox"/> Soya Free | <input type="checkbox"/> Cooked Egg Free |
| <input type="checkbox"/> Diabetic | <input type="checkbox"/> Coeliac | <input type="checkbox"/> Nuts |

Other, Please State: _____

If Modified Texture meals are required, please give details: _____

Parent's/Guardian's Signature: _____

Date: _____