

Special Diet Referral Form

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

At ISS Education, school menus are designed to cater for the majority of the school population by offering a variety of foods in a range of dishes (including vegetarian dishes) on a daily basis. However, some pupils may require a 'special diet' for medical reasons and need to be catered for individually.¹ Dietary needs due to religious or personal choice dietary requirements, e.g., vegan, will not be considered for special dietary menus. If you find the school menu does not cater for specific religious or personal choice dietary requirements, please contact your school reception staff for further information.

If your child has any allergy and, or intolerance, then please complete Parts A & B of this form in full and return it, along with supporting medical documentation, to the staff at your school reception. Please refer to the Special Diet Process sheet for further information.

We would like to advise you that it may take up to 3 working weeks (from when the Company Nutritionist / Assistant Nutritionist) receives the referral 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 reception staff 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 us at nutrition@uk.issworld.com

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 B.
3. Please attach a letter from your child's GP, dietician, paediatrician or school nurse confirming their requirements to Part A.²
4. Return Parts A and B to the school reception staff. The reception staff in turn will:
 - a. **Post, email or fax Part A and the supporting medical documentation to the Nutritionist.**
 - b. **Pass Part B to the school cook.**
5. The school may also take a photocopy of Part A for their records.

¹ Whilst ISS Education operate a robust and rigorous special diet process we are unable to guarantee all risk associated with the compilation and creation of a special diet meal can be eliminated. ISS Education is a school (public) catering business and not a dietetic and, or medical catering business. If you feel your child(s) dietary requirements are of high risk, where our catering services may be unsuitable and, or do not meet the needs of your child, then we would suggest making alternative catering arrangements. At ISS Education our priority is to safeguard the children and the staff serving them.

² Supporting medical documentations must accompany Part A of the referral form. Forms received without medical documentation will not be processed in accordance with company policy.

PART A: SPECIAL DIET REFERRAL FORM

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

PLEASE COMPLETE IN BLOCK CAPITALS; PLEASE COMPLETE ALL PARTS OF THE FORM AS REQUIRED.

Pupil Name: _____ 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 | <input type="checkbox"/> PKU | <input type="checkbox"/> G6PD |
|-----------------------------------|----------------------------------|------------------------------|-------------------------------|

Other(s), Please State: _____

MODIFIED TEXTURE MEALS:

- Soft Mash
- Puree, if puree, thick or thin puree?: _____

SELECTIVE DIETS:

- Texture dislikes / Selective eating, please state: _____
- Vegetarian, eats fish Vegetarian, does not eat fish

REFERRAL FORMS RECEIVED WITHOUT MEDICAL DOCUMENTATION WILL NOT BE PROCESSED IN ACCORDANCE WITH COMPANY POLICY.

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

Name: _____ Phone Number/Email: _____

Address: _____ Postcode: _____

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

Parent/Guardian Signature: _____ Date: _____

ISS Education Nutritionist: ISS Education, 11 Belvue Business Centre, Belvue Road, Northolt, Middlesex UB5 5QQ

Fax: 0871 429 6496

Email: nutrition@uk.issworld.com

PART B: SPECIAL DIET REFERRAL FORM

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

Pupil Name: _____

Sex: M / F _____ Form/Class: _____

Please attach a colour photograph
of your child here. This allows your
child to be identified at the point of
food service.

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

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

Other(s), Please State: _____

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

- | | | | |
|-----------------------------------|----------------------------------|------------------------------|-------------------------------|
| <input type="checkbox"/> Diabetic | <input type="checkbox"/> Coeliac | <input type="checkbox"/> PKU | <input type="checkbox"/> G6PD |
|-----------------------------------|----------------------------------|------------------------------|-------------------------------|

MODIFIED TEXTURE MEALS:

- Soft Mash
- Puree, if puree, thick or thin puree?: _____

SELECTIVE DIETS:

- Texture dislikes / Selective eating, please state: _____
- Vegetarian, eats fish Vegetarian, does not eat fish

Parent's/Guardian's Signature: _____

Date: _____

**ONCE COMPLETE, PLEASE PASS TO THE SCHOOL COOK/CATERING MANAGER
WITH ATTACHED PHOTO FOR ID**