



Learning Academy Partnership Special Medical Requirement Diet Referral Form

Important - Please read the following information carefully.

We run an In house catering service where we are able to cater for some primary pupils with medical dietary requirements. This robust dietary safeguarding procedure is designed to not only safeguard children with medical conditions but also support the catering staff involved in the preparation and service of the lunch time meals. Medically based dietary requirements may be due to food allergy, food intolerance and, or other medical conditions, e.g., coeliac disease.

If your child has medical dietary requirements, then please:

- Complete parts A & B of this form in full (ensuring to attach a colour photo of your child to part B of the form)
- Ensure you are able to submit medical documentation (GP, dietician, paediatrician or school nurse) to support the referral form, confirming your child's dietary requirements.

1. Return the completed form and supporting medical evidence (confirming your child's medical dietary requirements) to the Administrator in your school office/reception.
2. School reception staff may scan part A of the referral form plus the supporting medical documentation to Mrs Nic Carter, Trust Catering Lead
3. Part B of the referral form (with the photo of your child) will be passed to the Kitchen Manager.
4. A completed special diet menu will be issued to the school reception staff for your attention (any forms received without supporting medical documentation will not be processed).

If you have any queries upon receipt of your child's special diet menu, please contact your school staff.



PART A: SPECIAL DIET REFERRAL FORM

PLEASE COMPLETE IN BLOCK CAPITALS. PLEASE COMPLETE ALL PARTS OF THE FORM. ONCE COMPLETE, PLEASE RETURN TO YOUR SCHOOL ADMINISTRATOR IN YOUR SCHOOL OFFICE/RECEPTION.

Pupil Name:

Male/ Female:

School Name:

Town/Area: Postcode:

Does your child use an EpiPen™ (or equivalent)?

Yes

No

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

Other (please State)

Dairy		
Raw eggs		
Cooked Eggs		
Wheat/Gluten		
Fish		
Soya		
Celery		
Mustard		
Sulphites		
Sesame		
Nuts		
Lupin		

* The LAP Catering school kitchens and recipes are free from crustaceans, molluscs, and derivatives of any of the aforementioned.

MY CHILD REQUIRES (Please Tick);

Energy & nutritional count values, e.g., carbohydrate/ fat count per recipe

Vegetarian (eats fish)

Vegetarian (no fish)

Other (Please State)

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

Name:

Phone Number:

Email:

Address: Postcode:

Parent/Guardian Signature:

Date:



PART B: SPECIAL DIET REFERRAL FORM

PLEASE COMPLETE IN BLOCK CAPITALS. PLEASE COMPLETE ALL PARTS OF THE FORM AND ATTACH A COLOUR PHOTO OF YOUR CHILD. ONCE COMPLETED THIS WILL BE HELD BY THE KITCHEN MANAGER IN A SECURE FOLDER IN THE KITCHEN OFFICE IN ACCORDANCE WITH HOLDING DATA UNDER THE GENERAL DATA PROTECTION REGULATIONS.

Pupil Name:

Male/ Female:

School Name:

Town/Area: Postcode:

Does your child use an EpiPen™ (or equivalent)?

Yes

No

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

Other (please State)

Dairy		
Raw eggs		
Cooked Eggs		
Wheat/Gluten		
Fish		
Soya		
Celery		
Mustard		
Sulphites		
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Energy & nutritional count values, e.g., carbohydrate/ fat count per recipe

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Other (Please State)

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

Name:

Phone Number:

Email:

Address: Postcode:

Parent/Guardian Signature:

Date:



Special Diets

Review Frequency	Annual
Reviewed	Spring 2023
Next Review Date	Spring 2024