



Learning Academy Partnership Special 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 different dietary requirements. This robust dietary safeguarding procedure is designed to not only safeguard children with different dietary requirements or 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 dietary requirements, then please:

- Complete this form in full
- Ensure you are able to submit medical documentation, where appropriate, (GP, dietician, paediatrician or school nurse) to support the referral form, confirming your child's dietary requirements.

1. Return the completed form and any supporting medical evidence (confirming your child's medical dietary requirements) to the Administrator in your school office/reception.
2. School reception staff will scan the referral form plus the supporting medical documentation and send to Nic Carter, Trust Catering Lead
3. A further copy of the referral form (with the photo of your child) will be passed to the Kitchen Manager.
4. Where appropriate a completed special diet menu will be issued to the school reception staff for your attention. If you have any queries upon receipt of your child's special diet menu, please contact the reception team.



SPECIAL DIET REFERRAL FORM

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

Pupil Name:

School Name:

Does your child use an EpiPen[®] (or equivalent)? Yes No

SPECIFIC DIETARY RESTRICTIONS (Please tick all which apply);

No Dairy Produce	
Milk	
Eggs	
Peanuts	
Gluten	
Fish	
Soya	
Celery	
Crustaceans	
Molluscs	
Mustard	
Sulphur Dioxide	
Sesame	
Nuts	
Lupin	

Reason for Dietary Requirement/or any other dietary needs: (e.g., allergy, intolerance, personal choice) please be as detailed as possible.

Type of Dietary Requirement (please tick)

Vegetarian	
Pescatarian	
Vegan	
Halal	
Gluten Free	
None	
Other	

Other: please provide as much information as you can to ensure we are able to adapt meals for you child

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

Name:

I give permission for the school to attach a photo of my child to this form

Parent/Guardian Signature:

Date:

Review Frequency	Annual
Reviewed	Spring 2024
Next Review Date	Spring 2025