

SPECIAL DIET REFERRAL FORM

Please complete and return to:							
Childs Name: Date of Birth							
School:							
Special Dieta intolerance	ary Requireme	nts: Please tick	c below to	identify your	child's medica	ally dia	agnosed allergy /
☐ Gluten	□ Milk	□ Eggs	□ So	ya 🗆 I	Fish [□ Crus	taceans
☐ Molluscs	☐ Peanuts	□ Nuts □ S	esame	☐ Celery	☐ Musta	rd	☐ Lupin
☐ Sulphur Dioxide Please list any other foods that your child has an intolerance or allergy to.							
Does your chil	ld require dietar	y requirement	s for relig	ious reasons?	Yes / No (plea	ase circ	cle)
Foods not suit	able				•••••		
Does your child require a Vegetarian Diet? Yes / No (please circle)							
Does your chil	ld require a Vega	Yes / No (pl	Yes / No (please circle)				
	ched medical do		Yes /	No (please cire	cle)		rements:
Parent / Carer							
Parent / Carer Signature: Date:							
Parent / Carer	contact email a	ddress:					
The School Lu					ations. The infor		will be shared members

Child's photograph

Food Allergy Disclaimer:

of the catering team employed by The School Lunch Company.

The School Lunch Company endeavours to identify ingredients which may cause an allergic reaction for those with food allergies/intolerances. Food production teams are instructed on food allergies and potential reactions. Food is prepared in our kitchens where we use products such as milk, eggs, gluten etc and therefore meals may contain these allergens.

There is also a possibility that manufacturers of the commercial foods we use could change the formulation at any time, without notice. People who are highly sensitive or suffer severe reaction to allergens are therefore informed that the food on offer may not be suitable for their consumption.

The School Lunch Company will not intentionally use nuts or any products containing nuts as an ingredient within our food preparation.

If you have an allergy or intolerance please inform a member of staff at the earliest convenience, and if in doubt, do not eat our food.