LERGY/INTOLERANCE AND TEXTURE MODIFIED DIET REFERRAL FORM

ONLY TO BE COMPLETED FOR CHILDREN WITH AN ALLERGY OR INTOLERANCE OR T.M.D

Important Notes & Guidance

Autograph strives to provide menus for children with special dietary requirements whenever possible. This referral form is essential to allow the Nutrition Department to provide safe, special diet plans; therefore, all sections must be completed in full.

We have requested the personal information on this form about your child's food allergies and intolerances to provide meals in line with their special dietary requirements. We will not be sharing this information with any third party organisation. All personal information provided in this form is kept on a password protected database. We will only retain this information for as long as it is necessary to fulfill the purposes we collected it for. Please contact sasha.green@mitie.com if you want to review, verify, correct, request erasure, or object to the processing of your personal information. Further details are contained within our Autograph's Special Diet Process - Data Protection Fact Sheet, which is available on request.

Please sign the form below to give parental/guardian consent for this personal information to be used by us. Regrettably, if we do not receive this consent we will be unable to deal with your child's special dietary requirements.

*The form must be supported by a regulated healthcare professional (GP; School Nurse; Speech and Language Therapist or Dietitian), ensuring that the information on the form is accurate, to prevent any problems occurring with respect to interpretation and/or health and safety. Please note; we cannot process referrals from Nutritionists or Nutritional Therapists. We are unable to fund potential charges made by a GP, therefore we do accept a copy of a historical letter stating the dietary requirement from a regulated healthcare professional (GP; School Nurse; Speech and Language Therapist or Dietitian).

CHILDS DETAILS										
Childs Name										
Allergy/Intolerance (if your child also has religious/cultural dietary requirements, please advise)										
If a textured modified diet is required, please provide details										
Date of Birth										
SCHOOL DETAILS - State	ff can help you complete th	is section								
LEA/Contract (e.g. Kent, Bristol)										
School attended by child	Name									
	Address									
School where food is cooked (Mother kitchen) if not as above.	Name									
	Address (if different to above)									
PARENT/GUARDIAN DE	TAILS									
Contact Name (Parent/Guardian)										
Contact Address										
Postcode										
Contact Phone Numbers										
*Email Address (required field)										
For future menu changes, special diet menus are sent out via email. Please indicate if you require an email copy the special diet menu. (Menus are available in the kitchens if you do not wish for us to contact you via email)		Yes	No							
	To be completed by a regul by a letter from regulated WITHOUT THIS INFOR	healthcare	profess	sional –	state	below i	f letter er	closed.	& Langua	age Therapist
A letter from a healthcare acceptable. Please state if	professional, old or new is enclosed.									
Name of Healthcare Professional										
Relevant Professional Qualification										
Practice/Surgery/Hospital Address										
Any further clarification/details on the special dietary requirement										
Healthcare Professional Signature							Date			
CONSENT TO STORE DA	TA - in line with the Genera	l Data Pro	tection I	Regulat	ions (G	iDPR) (EU) 2006	/679		
I/we consent to the above	data being stored in the man	ner describe	d by Aut	ograph s	so that a	a suitabl	e school n	neal may l	oe provide	ed for this child
Parent/Guardian Signature						Date				

PLEASE NOTE: It can take up to 2 weeks to process new menus, once all information is received. Your child WILL NOT be issued with a school meal until you and the school kitchen have received supporting information from the Nutrition Department.

