

## Food Allergy Referral Form



<b>CHILDS DETAILS</b>	
Pupils Name	
School Name	
Full details of Food Allergy (allergies), intolerance	
<b>PARENT/GUARDIAN DETAILS</b>	
Contact Name	
Contact Address	
Postcode	
Contact phone numbers	
Email Address	

**MEDICAL REFERRAL** The section below must be completed by a medical professional such as a GP or Dietician OR must be accompanied by a letter from a medical professional. Without this information we cannot process requests for special diets. We are unable to fund potential charges made by GPs/Health professionals.

Name of Medical professional	
Practice/ Surgery/Hospital Address	
Any further clarification/details on the special dietary requirement	
Medical Professional Signature (unless accompanied by letter)	

**Consent To Store Data in line with the Data Protection Act 1998**

I/We consent to the above data being stored on a data protected database with any written documentation in a locked cupboard. (This information will be used for the sole purpose of providing meals for children with special dietary requirements and will not be shared with any other organisation.)

Parent/Guardian Signature	Date
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