

ALLERGY/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. The referral form is essential to allow the Nutrition Department to provide safe, special diet plans; therefore, all sections must be completed in full.

In line with the Data Protection Act 1998, all information held is kept on a password protected database. This information is used for the sole purpose of providing meals for children with special dietary requirements and will not be shared with any other organisation. **Please sign the form below to give parental/guardian consent for this information to be stored by us.** Regrettably, if we do not receive this consent we will be unable to deal with your child's requirement. You may contact us at any time should you wish to have information amended or deleted.

*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).**

Please scan and email completed forms to: sasha.green@interserve.com

CHILDS DETAILS	
Childs Name	
Allergy/Intolerance <i>(if your child also has religious/cultural preferences, please advise)</i>	
If a textured modified diet is required, please provide details	
Date of Birth	
SCHOOL DETAILS – Staff can help you complete this 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 DETAILS	
Contact Name (Parent/Guardian)	
Contact Address	
Postcode	
Contact Phone Numbers	
*Email Address <i>(required field)</i>	
MEDICAL REFERRAL – To be completed by a regulated healthcare professional (GP; School Nurse; Speech & Language Therapist; Dietitian) OR supported by a letter from regulated healthcare professional – state below if letter enclosed. WITHOUT THIS INFORMATION WE CANNOT PROCESS THIS SPECIAL DIET	
A letter from a healthcare professional, old or new is acceptable. Please state if 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 Data in line with the Data Protection Act 1998	
I/we consent to the above data being stored in the manner described by Autograph so that a suitable school meal may be provided for this child.	
Parent/Guardian Signature(s)	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.