



Special Diet Provision – Referral Form

Important Notes & Guidance

St. Mary's Catholic Junior School provide menus for children with special dietary requirements whenever possible. The referral form is essential to allow the school to provide safe, special diet plans, therefore all sections must be completed in full.

The information you provide will only be 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 with 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 amend or delete any information.

Please send completed forms back to the school: **St. Mary's Catholic Junior School, Sydenham Road, Croydon, CR0 2EW.**

****It is essential that all forms are signed and stamped by a medical professional i.e. GP, School Nurse, Hospital Doctor or dietician, ensuring that the information on the form is accurate to prevent any problems occurring with respect to interpretation and /or health and safety. We are unable to fund potential charges made by a GP, so please be aware we will accept a copy of a past letter stating the allergy or completion of the relevant section by another health professional as detailed above. We look forward to being able to provide your child with a safe, balanced meal that will enjoy, every day.***

CHILDS DETAILS		
Childs Name		
Allergy/Intolerance		
Date of Birth		
SCHOOL DETAILS - Staff can help you complete this section		
School Attended by Child	Name	St. Mary's Catholic Junior School
	Address	Sydenham Road, Croydon, CR0 2EW
School where food is cooked if not above	Name	Same as above
	Address (If different)	Same as above
Unit Manager		Mrs H. Fleming
Group Manager/School Representative		Mrs H. Fleming
Menu Type (e.g. 3 choice, Traditional)		
PARENT/GUARDIAN DETAILS		
Contact Name		
Relationship to Child		
Contact Address		
Contact Phone Number		
*MEDICAL REFERRAL (To be completed by a medical professional such as a GP or dietician OR a letter from a medical professional – state below if letter enclosed. WITHOUT THIS INFORMATION WE CANNOT PROCESS THIS SPECIAL DIET (NOT APPLICABLE FOR ETHICAL OR RELIGIOUS DIETS E.G. VEGETARIAN OR HALAL)		
Name of Medical Professional		
Relevant Professional Qualification		
Practice/Surgery/Hospital Address		
Any further clarification/details on the special dietary requirements		
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 St. Mary's R.C. Junior School so that suitable school meals may be provided for this child.		
Parent/Guardian Signature(s)		Date

PLEASE NOTE: Your child WILL NOT be issued with a school meal until the school kitchen receives the special diet information from you.