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. 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**).

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

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 – 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 ***(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 ☐	
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 General Data Protection Regulations (GDPR) (EU) 2006/679		
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.