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**Medically Prescribed Diets Request Form**

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| School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name of Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Age and Year Group: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Is the child knowledgeable about his/her dietary requirements? YES NO  Can the parent/guardian provide a photo of the child for display in the kitchen? YES NO |
| Please list any dietary requirements and associated information from a medical professional  **Medical Diagnosis**  Food Allergies or Intolerances Type 1 Diabetes  Coeliac Disease PKU  Other (please provide details below):  **Medically Prescribed Diet**  Please tick all foods which must not be consumed  Celery Gluten (Wheat, Barley, Oats and Rye)  Crustaceans (Prawns, Crab, Lobster etc) Eggs  Fish Lupin  Milk Molluscs (Mussels, Oysters etc)  Mustard Peanuts  Sesame Seeds Soya/Soybeans  Sulphur Dioxide & Sulphites  Tree Nuts (Almonds, Hazelnuts, Walnuts, Brazil Nuts, Cashews, Pecans, Pistachios,   Macadamia Nuts)    Other (please provide details below):  Record any exemptions below (e.g. eggs may be consumed if baked). |
| **GP / Registered Dietitian Details**     * Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Return this form with ***medical evidence*** (e.g. a letter from your GP or dietitian) to avoid delays in your application. |
| We/I the parent/guardian of the above child accept that Pabulum will make every effort in providing our child with food to meet their Medically Prescribed Diet, but also accept that Pabulum:   * Cannot guarantee that the food has been processed and/or prepared in an allergen-free environment and so may contain traces. * Will inform the parent/guardian whether special dietary requirements cannot reasonably be provided safely and to an acceptable level.   *Please print below*  Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

The personal information you have provided will be securely stored in accordance with the General Data Protection Regulations. It will only be used for the purpose of providing meals for children with special dietary requirements. A copy of your child’s photograph and their dietary requirements will be kept in the school kitchen. The information provided will also be shared between the school and Pabulum.

**Please return a copy of this form to Pabulum Head Office either by post to *Special Diets, Pabulum Limited, Linea House, Harvest Crescent, Fleet, Hampshire, GU51 2UZ*****or by emailing a copy to** [**specialdiets@pabulum-catering.co.uk**](mailto:specialdiets@pabulum-catering.co.uk)