ISS FACILITY SERVICES EDUCATION

SPECIAL DIET REFERRAL FORM

Please send completed forms to: Company Nutritionist, ISS Education, Unit 11 Belvue Business Centre, Belvue Road, Northolt UB5 5QQ; or Fax to 0871 429 6488

PLEASE COMPLETE IN BLOCK CAPITALS

School Name: ____________________ Sex: Male / Female ________

Pupil Name: ____________________ School Year: ________

Allergy, Intolerance and/or Medical Condition: (please tick one or more of the following boxes)

A pupil 'like' or 'dislike' must not be included on this document.

- ☐ Nuts (including any nut or sesame allergy)
- ☐ Fish
- ☐ Dairy
- ☐ Coeliac Disease
- ☐ Other (please give details below)
- ☐ Cooked Egg
- ☐ Raw Egg
- ☐ Shellfish
- ☐ Diabetes
- ☐ Wheat

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Contact Details Parent/Guardian:
Name:
Address:
Postcode:
Phone Number:

Contact Details of Medical Professional:
Name:
Address:
Postcode:
Phone Number:

☐ GP referral letter attached to this document?

(This must be attached in order for the referral form to be processed by ISS Education.)

*Photograph of School Pupil

(Please attach a photograph of your child so that they can be recognised by the kitchen staff at the service area)

Signature of Parent/Guardian:
Date:

Signature of School Kitchen Manager:
Date:

Signature of ISS Nutritionist:
Date:

NB: ISS Education would prefer for your child not to have a school meal until this form has been completed *(including signatures and GP referral letter)* and a new menu has been created for your child OR a letter has been recieved from ISS Education, confirming it is safe for your child to eat school meals.