

# 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@interserve.com](mailto:sasha.green@interserve.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@interserve.com](mailto:sasha.green@interserve.com)**

CHILDS DETAILS	
Childs Name	
Allergy/Intolerance <i>(if your child also has religious/cultural dietary requirements, 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. <b>WITHOUT THIS INFORMATION WE CANNOT PROCESS THIS SPECIAL DIET</b>	
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.**

Last Updated May 2018

