

## Special Diet Referral Form

***Please read the following information carefully.***

Our catering contractors, ISS Education, are able to cater for some primary pupils with medical dietary requirements. This robust dietary safeguarding procedure is designed to not only safeguard children with medical conditions but also support the catering staff involved in the preparation and service of the lunch time meals. Medically based dietary requirements may be due to food allergy, food intolerance and, or other medical conditions, e.g., coeliac disease. ISS Education will also provide energy and nutritional count values for other medical requirements such as diabetes.<sup>1 2</sup>

If your child has medical dietary requirements, then please:

- Complete parts A & B of this form in full (ensuring to attach a colour photo of your child to part B of the form).<sup>3</sup>
- Ensure you are able to submit medical documentation (GP, dietician, paediatrician or school nurse) to support the referral form, confirming your child's dietary requirements.<sup>4</sup>

Please refer to the Dietary Safeguarding Policy for further information. Once complete:

1. Return the completed form and supporting medical evidence (confirming your child's medical dietary requirements) to the staff at your school reception.
2. School reception staff may scan part A of the referral form plus the supporting medical documentation to [nutrition@uk.issworld.com](mailto:nutrition@uk.issworld.com) alternatively they may be sent by **FAX: 0871 429 4180** or **POST: ISS Education Nutritionist, ISS UK, Velocity 1, Brooklands Drive, Weybridge, Surrey KT13 0SL.**
3. Part B of the referral form (with the photo of your child) must be passed to the kitchen manager.
4. The completed special diet menu will be issued to the school reception staff for your attention within 3 weeks of the ISS Education Nutritionist receiving the special diet referral form and supporting medical documentation (any forms received without supporting medical documentation will not be processed).

If you have any queries upon receipt of your child's special diet menu, please contact your school staff.

## Thank you

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<sup>1</sup> The dietary safeguarding procedure does not cover your child if they have alternative dietary requirements owing to religious or personal choices, e.g., vegan. Please ask your school reception staff for information on ISS Education's Personal Choice Meals.

<sup>2</sup> ISS Education regret they are unable to cater for any pupil who is a registered EpiPen® (or equivalent) user and has allergies to allergens which are not covered by the EU FIC legislation\*.

<sup>3</sup> A colour photo of your child must accompany Part B of the referral form. Forms received without a colour photo will not be processed in accordance with company policy.

<sup>4</sup> Supporting medical documentation must accompany Part A of the referral form. Forms received without medical documentation will not be processed in accordance with company policy.

## PART A: SPECIAL DIET REFERRAL FORM

PLEASE COMPLETE IN BLOCK CAPITALS. PLEASE COMPLETE ALL PARTS OF THE FORM.  
ONCE COMPLETE, PLEASE RETURN PARTS A & B TO YOUR SCHOOL RECEPTION STAFF.

Pupil Name: \_\_\_\_\_ Male / Female: \_\_\_\_\_

School Name: \_\_\_\_\_ Town/Area: \_\_\_\_\_ Postcode: \_\_\_\_\_

Does your child use an EpiPen® (or equivalent)?    Yes      No

**ALLERGY/INTOLERANCE(S)\* (Please tick all which apply):**

Dairy <input type="checkbox"/>	Wheat/Gluten <input type="checkbox"/>	Celery <input type="checkbox"/>	Sesame <input type="checkbox"/>
Raw Egg <input type="checkbox"/>	Fish <input type="checkbox"/>	Mustard <input type="checkbox"/>	Nuts <input type="checkbox"/>
Cooked Egg <input type="checkbox"/>	Soya <input type="checkbox"/>	Sulphites <input type="checkbox"/>	Lupin <input type="checkbox"/>

\* All ISS Education primary school kitchens and recipes are free from crustaceans, molluscs, kiwi and derivatives of any of the aforementioned.

Other (Please State): \_\_\_\_\_

**MY CHILD REQUIRES (Please Tick):**

Energy & nutritional count values, e.g., carbohydrate / fat count per recipe	Yes	<input type="checkbox"/>
Vegetarian (eats fish)	Yes	<input type="checkbox"/>
Vegetarian (no fish)	Yes	<input type="checkbox"/>

Other (Please State): \_\_\_\_\_

**PARENT/GUARDIAN CONTACT DETAILS (PLEASE COMPLETE IN BLOCK CAPITALS):**

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please note, the ISS Education Nutritionist may contact you to clarify any details.*

**SCHOOL STAFF: PLEASE RETURN PART A OF THIS FORM TO  
THE ISS EDUCATION NUTRITIONIST**  
 POST: ISS Education Nutritionist, ISS UK, Velocity 1,  
 Brooklands Drive, Weybridge, Surrey KT13 0SL  
 FAX: 0871 429 4180    EMAIL: [nutrition@uk.issworld.com](mailto:nutrition@uk.issworld.com)

**FOR OFFICE USE ONLY**

DATE RECEIVED NUTR: \_\_\_\_/\_\_\_\_/\_\_\_\_

CONTRACT: \_\_\_\_\_

MED DOC    Yes      No

## PART B: SPECIAL DIET REFERRAL FORM

PLEASE COMPLETE IN BLOCK CAPITALS. PLEASE COMPLETE ALL PARTS OF THE FORM AND ATTACH A COLOUR PHOTO OF YOUR CHILD. ONCE COMPLETED, TO BE HELD BY THE KITCHEN MANAGER.

Pupil Name: \_\_\_\_\_  
 Male / Female: \_\_\_\_\_  
 School Name: \_\_\_\_\_  
 Town / Area: \_\_\_\_\_  
 Postcode: \_\_\_\_\_



Does your child use an EpiPen® (or equivalent)?

Yes	No
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**ALLERGY/INTOLERANCE(S)\* (Please tick all which apply):**

Dairy	Wheat/Gluten	Celery	Sesame
Raw Egg	Fish	Mustard	Nuts
Cooked Egg	Soya	Sulphites	Lupin

\* All ISS Education primary school kitchens and recipes are free from crustaceans, molluscs, kiwi and derivatives of any of the aforementioned.

Other (Please State): \_\_\_\_\_

**MY CHILD REQUIRES (Please Tick):**

Energy & nutritional count values, e.g., carbohydrate / fat count per recipe	Yes	
Vegetarian (eats fish)	Yes	
Vegetarian (no fish)	Yes	

Other (Please State): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SCHOOL STAFF: PLEASE PASS PART B OF THIS FORM TO THE ISS EDUCATION KITCHEN MANGER**

## PART B: TEMPORARY MEAL OPTIONS

PLEASE COMPLETE IN BLOCK CAPITALS. PLEASE COMPLETE ALL PARTS OF THE FORM.  
ONCE COMPLETED, TO BE HELD BY THE KITCHEN MANAGER.

Pupil Name: \_\_\_\_\_

Male / Female: \_\_\_\_\_

School Name: \_\_\_\_\_

Town / Area: \_\_\_\_\_

Postcode: \_\_\_\_\_

ISS Education offer a limited selection of temporary meals to ensure your child can still be safely catered for until the special diet menu is in place. The temporary meal options are suitable for most diets. ISS Education's dietary safeguarding procedure must be adhered to for all pupils requiring a special diet menu. The temporary safeguarding meal options are **NOT** a replacement for this safeguarding procedure. Once the special diet menu and signed consent slip have been received by the kitchen manager (from their ISS Education area manager) then the special diet menu must be followed.

Please select one or more of the meals as listed below which you consent to your child eating.

Parent / Guardian Meal Selection(s) <i>(please tick)</i>	Temporary Meal (Recipe)	Key Allergens Present	Portion Size (g)	Total Carbohydrate (g)*	Total Fat (g)*	Suitable for		
						Vegetarians	Vegans	Halal
	Jacket Potato & Baked Beans (R08817)	Tomato; Legumes (beans)	200	54.0	0.5	YES	YES	YES
	Jacket Potato & Cheese (R08816)	Dairy	180	48.1	10.6	YES	NO	YES
	Mixed Vegetable Stir Fry (R07365)	None	82	5.2	2.3	YES	YES	YES
	Plain Rice (R08825)	None	125	38.5	1.6	YES	YES	YES
	Banana (R08896)	None	50	11.6	0.2	YES	YES	YES
	Apple (R08895)	None	50	5.9	0	YES	YES	YES
	Orange (R08897)	Citrus Fruit	50	4.3	0.1	YES	YES	YES

\* Please refer to the ISS Education September 2019 Energy & Nutritional Count Policy for further information.