

Medically Prescribed Diets Request Form

School: _____

Name of Child: _____ Date: _____

Age and Year Group: _____ Male / Female: _____

Is the child knowledgeable about his/her dietary requirements? YES ☐ NO ☐

Can the parent/carers 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

☐ Tree Nuts (Almonds, Hazelnuts, Walnuts, Brazil Nuts, Cashews, Pecans, Pistachios, Macadamia Nuts)

☐ Sesame Seeds

☐ Soya/Soybeans

☐ Sulphur Dioxide & Sulphites

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: _____

Please make sure you return this form with *medical evidence* (e.g. a letter from your GP or dietitian) to avoid delays in your application.

Please sign below to confirm that the information you have provided is correct and that you understand and accept that:

- Pabulum will make every effort in providing your child with food to meet their dietary requirements
- Pabulum will inform the parent/carer whether special dietary requirements cannot reasonably be provided safely and to an acceptable level
- Pabulum cannot guarantee that the food has been processed and/or prepared in an allergen-free environment and so may contain traces of allergens
- The information you have provided in this form will be shared with a representative from your school to allow appropriate arrangements for your child's dietary requirements
- You, as the parent/carer, are responsible for updating Pabulum with any dietary changes for your child.

Please print below

Parent/Carer Name: _____

Signature: _____

Email Address: _____

Telephone: _____

Date: _____

The personal information you have provided will be securely stored in accordance with the General Data Protection Regulations 2018. 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 both the School Office and 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