

Dietary Safeguarding 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 carbohydrate and fat count menus for other medical requirements.^{1 2}

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).³
- 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.⁴

Please refer to the Dietary Safeguarding Procedure 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 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 dietary safeguarding menu will be issued to the school reception staff for your attention within 3 weeks of the ISS Education Nutritionist receiving the dietary safeguarding 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 dietary safeguarding menu, please contact your school staff.

Thank you

¹ 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.

² 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*.

³ 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.

⁴ 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: DIETARY SAFEGUARDING 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):

Diabetic total carbohydrate count menu (g)	Yes	<input type="checkbox"/>
Cystic Fibrosis total fat count menu (g)	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**

FOR OFFICE USE ONLY

DATE RECEIVED NUTR: ____/____/____

CONTRACT: _____

MED DOC Yes No

PART B: DIETARY SAFEGUARDING 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):

Diabetic total carbohydrate count menu (g)	Yes	
Cystic Fibrosis total fat count menu (g)	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