

Medical Diet Request Form

Please print below:

School: _____

Name of Child: _____ Date: _____

Year Group: _____ Gender: _____

Note: Photographs of your child must be sent to the school and not directly to Pabulum.

Medical Diagnosis

- | | |
|---|--|
| <input type="checkbox"/> Food Allergies or Intolerances | <input type="checkbox"/> Type 1 Diabetes |
| <input type="checkbox"/> Coeliac Disease | <input type="checkbox"/> PKU |

Other (please provide details below):

Medically Prescribed Diet

Please tick all foods which the pupil must **not** consume.

- | | |
|---|---|
| <input type="checkbox"/> Celery | <input type="checkbox"/> Mustard |
| <input type="checkbox"/> Crustaceans (e.g., Prawns, Crab, Lobster etc.) | <input type="checkbox"/> Peanuts |
| <input type="checkbox"/> Eggs | <input type="checkbox"/> Sesame |
| <input type="checkbox"/> Fish | <input type="checkbox"/> Soya |
| <input type="checkbox"/> Gluten (e.g., Wheat, Barley, Oats and Rye) | <input type="checkbox"/> Sulphites |
| <input type="checkbox"/> Lupin | <input type="checkbox"/> Tree Nuts (Almonds, Hazelnuts, Walnuts, Brazil Nuts, Cashews, Pecans, Pistachios, Macadamia Nuts etc.) |
| <input type="checkbox"/> Milk | |
| <input type="checkbox"/> Molluscs (e.g., Mussels, Oysters etc.) | |

Other Allergens:

- | | |
|------------------------------------|-------------------------------------|
| <input type="checkbox"/> Tomato | <input type="checkbox"/> Strawberry |
| <input type="checkbox"/> Beans | <input type="checkbox"/> Pineapple |
| <input type="checkbox"/> Chickpeas | <input type="checkbox"/> Banana |
| <input type="checkbox"/> Lentils | <input type="checkbox"/> Orange |
| <input type="checkbox"/> Peas | <input type="checkbox"/> Lemon |
| <input type="checkbox"/> Coconut | <input type="checkbox"/> Kiwi |

Other foods which the pupil must avoid (please print below):

Dietary preferences in addition to medical diagnosis (please tick all that apply):

- | | |
|--------------------------------------|----------------------------------|
| <input type="checkbox"/> Vegetarian | <input type="checkbox"/> No Beef |
| <input type="checkbox"/> Vegan | <input type="checkbox"/> No Pork |
| <input type="checkbox"/> Pescatarian | |

Medical Evidence

Return this form with **medical evidence** (e.g. a letter from your GP or dietitian, medical care plan etc.) to avoid delays in your application.

If you are unable to provide medical evidence, please arrange for a Medical Professional to sign and confirm diagnosis below:

Healthcare Professional Name: _____

Signature: _____

Name of Surgery/ Hospital: _____

We/I the parent/guardian of the above child accept that Pabulum will make every effort in providing our child with food to meet their Medically Prescribed Diet, but also accept Pabulum:

- Cannot guarantee that the food has been processed and/or prepared in an allergen-free environment and so may contain traces of allergens.
- Will review all requests on a case-by-case basis, and where a risk assessment deems the medical diet risk is too high, Pabulum may decline the request.

Parents/ Guardians must ensure that:

- This form is completed accurately and reflects the pupil's medical dietary requirements in full.
- Pabulum is notified of any discrepancies in the special diet menu immediately. Pabulum will share your child's special diet menu with you using the contact information provided below.
- Where there is a change to your child's medical dietary requirements, parents must inform Pabulum immediately via completion of a new medical diet request form. Pabulum will not update medical diet menus until a completed form is received. You must provide a packed lunch during this period.
- If a special diet menu is no longer required, Pabulum must be notified in writing. A medical diet menu will continue to be used until we receive this from you.

Please allow up to 15 working days for Pabulum to process a medical diet request. Where further clarification is required, medical diet requests may take longer to process.

Whilst medical diet requests are being processed, you must provide a packed lunch for your child.

Pabulum will process the personal data detailed in this medical diet request form in accordance with data protection laws. This information will only be used for the purpose of providing meals for children with medical dietary requirements. All personal data will be stored securely and will only be accessed by those who require the information. Details of your child's dietary requirements will be shared between the school and Pabulum. A copy of your child's photograph and their dietary requirements will be kept in the school kitchen. Pabulum's full privacy notice is available on request.

Please sign below to consent to Pabulum processing this information for the purpose of providing a medical diet for your child. By signing below, you confirm that you have read and understood the above information.

Please print below:

Parent/Guardian Name: _____

Signature: _____

Email Address: _____

Telephone: _____

Date: _____

Please return a copy of this form with medical evidence to **Pabulum Special Diets** by emailing a copy to specialdiets@pabulum-catering.co.uk.