

Education & Skills
Children, Adults, Families, Health and Education
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County Hall
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Date

Dear Parent/ Carer

West Sussex County Council Catering Service has in place a strict process and procedure to ensure the safe guarding of our customers with regards to medical special diet requirements.

This procedure has been implemented to provide all the necessary information to the correct persons involved in providing a safe school meal provision for your child at lunchtime.

If your child has a medical condition that requires a special diet, please complete the attached form with all the necessary information required and supporting **medical evidence** and return it to the school office.

Once the school has received the completed form it will be passed to the catering service. If additional information is required then someone from the West Sussex County Council Catering Service will contact you to discuss further. A meal cannot be provided until all the information that the catering service requires has been collated. This is for the safety of your child.

All information will be treated confidentially and will only be shared by the catering service with school staff and medical professionals. Please refer to our privacy notice on the special diet provision request form for further details.

The school Catering Supervisor will use the information on the form to ensure the correct food is provided. If any changes are required to your child's diet you will need to contact the school and complete a new form.

Thank you for your help and support.

Regards

Helen Turner

Senior Catering Officer



SPECIAL DIET PROVISION- REQUEST FORM

Important Notes and Guidance

West Sussex County Council are committed to supporting the provision of a balanced school meal with special dietary requirements whenever possible. This referral form is essential to provide West Sussex County Catering Services the information to support the process of ensuring that a safe special diet is planned for pupils who have a medical condition or an allergy / intolerance. **This form must be completed and signed by the parent of pupil requesting the school meal. Please return the completed form to the school office.**

School and pupil details			
School attended by pupil:			
Pupil name:		Date of birth/ class/ year:	
Parent /Carer name:		Contact phone numbers:	
		Can we contact you by telephone - YES NO	
Details of special diet – To be completed by parent/carer			
State the food allergy/intolerance or medical condition and year the condition first diagnosed.			
Is there a care plan in place? Or any medical evidence e.g. menu plan from GP/Dietitian/Speech and Language Therapist		YES -please send copy to school NO- If no, The pupil must bring a packed lunch from home until further information is obtained and/or meeting with parent and catering team.	
Special Diet required-please tick			
No Gluten (please specify)		Weight Reducing	
No Milk		High Calorie	
No Eggs			
No Soya		Other	
No Peanuts			
No Nuts			
No Lupin			
No Celery			
No Sulphur Dioxide			
No Fish			
No Crustaceans			
No Molluscs			
No Sesame seeds			
No Mustard			
International Dysphagia Diet Standardisation Initiative IDDSI			
6 - Soft & Bite Size <input type="checkbox"/>	5 – Minced & Moist <input type="checkbox"/>	4 – Pureed <input type="checkbox"/>	3 – Liquidised <input type="checkbox"/>
Has this been prescribed/ assessed by the Speech and Language Therapist?			
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Other <input type="checkbox"/>	(Please provide specific details).....
If the pupil has a diagnosed food allergy/intolerance please describe the severity of the allergy Please tell us what would happen if an unsuitable food is consumed by accident (please tick the relevant box)			
Life threatening <input type="checkbox"/>	Severe impact <input type="checkbox"/>	Mild to moderate reaction <input type="checkbox"/>	Unknown but not life threatening <input type="checkbox"/>
Signatories. Once the special diet request form has been received, if required the catering team will contact the parent for any clarification. If at any time the dietary requirement changes the parent is responsible for informing the school staff as soon as possible.			
Parent/Carer signature:		Date:	
Catering team signature:		Date:	
School contact signature:		Date:	
Starting date of special diet:		Confirmed by Date:	

