Pupil Medical Diet Request Form

Pupil's Name:	Pupil's Date of Birth:
Address: Postcode:	
Parent/Guardian's Name:	
Email Address:	
Contact Telephone Number:	
School Name and Address:	
Brief outline of pupil's food allergy/Intolerance (as per medical letter):	

Have you included medical evidence? Without a copy of medical evidence in the form of a Dietitian or Paediatric Consultant letter, detailing your child's food allergy/intolerance, we will not be able to provide your child with a medical diet.	**PLEASE TICK**

Parental consent to data processing

The personal data about your child contained within this form will be gathered, stored and used to create a medical diet recipe template for your child and to ensure your child receives the correct safe meal. More information about how your child's personal data is available in our Medical Diet Privacy Notice.

Please sign below to indicate that you are happy for your child's personal data to be processed for the purposes indicated in this form and in the Medical Diet Policy. You can withdraw your consent to this processing at any time, but please note that if you do so, we will not be able to continue to provide your child with a medical diet.

Please note that if the details within this form (including your contact details) change, you must inform us immediately by requesting and completing a change of details form from your school.

It may be that we need to contact you annually to review your child's medical diet and if no response is received, your child's medical diet will be discontinued, so it is very important that we have up-to-date contact details for you.

By providing this information and signing the request form you are confirming your wish for us to provide your child with a medical diet.

Signed: _____ Date:

Print name:

Please return this form along with the medical evidence and a recent photograph of your child to your school.