Form SM100

Bolton Council
Department of Place
Community Services Division School Meals

Therapeutic Diet Request Form

SECTION 1. CHILDS DETAILS			
Childs Name			
Allergy / Intolerance (if your child has religious/cultural preferences, please advise)			
If a textured modified diet is required, please provide details			
Date of Birth			
SCHOOL NAME			
School attended by child	Name		
	Address		
PARENT / GUARDIAN DETAILS			
Contact Name (Parent / Guardian)			
Contact Address			
Postcode			
Contact Phone Numbers			
E-Mail Address			
SECTION 2. MEDICAL REFERRAL * (To be completed by a registered medical professional such as GP or Dietician OR a supported by letter from a medical professional – state below if letter enclosed) **WITHOUT THIS INFORMATION WE CANNOT PROCESS THIS SPECIAL DIET**			
A letter from a medical professional, old or new is acceptable. Please state if enclosed.			
Name of Medical Professional			
Position – doctor, dietician, etc.			
Practice / Surgery / Hospital Address			
Any further clarification / details on the special dietary requirement			
Medical Professional Signature/Stamp			Date
I consent to the above data being stored.	Parent/Guardian Signature		Date

PLEASE NOTE: Your child WILL NOT be issued with a school meal until you and the school kitchen have received the special diet menu and information from School Meals

Bolton Council

Therapeutic Diet Request Form

Important Notes and Guidance
Bolton Council School Meals strives to provide menus for children with special dietary requirements whenever possible. The request form is essential to allow the team to provide safe food.

- If you are notifying us of a single specific allergy or intolerance please complete Section 1. Please note a written menu will not be provided, your child's requirements will be entered onto an Allergen Notification list.

  Example single foods include strawberries, kiwi, fish, celery

- If you are notifying us that your child has multiple allergies or intolerances or you require a written therapeutic diet, Sections 1 and 2 must be completed.

  Example allergies which require section 2 to be completed include:
  - Coeliac
  - Diabetic, carbohydrate count
  - Egg
  - Lactose or milk proteins

In line with the Data Protection Act 1998, all information we hold is kept securely. This information is used for the sole purpose of providing meals for children with special dietary requirements and will not be shared with any other organisation. **Please sign the form overleaf to give parental / guardian consent for this information to be stored by us.** Regrettably, if we do not received this consent we will be unable to deal with your child's requirement. You may contact us at any time should you wish to have the information we store amended or deleted.

Please return the signed form to the school office or the School Meals office at:
Wellington House, Wellington Street, Bolton, BL3 5DX.

* It is essential that the section 2 is **signed and stamped/completed** by a registered medical professional ie. Doctor, consultant paediatrician, language therapist or dietician, ensuring that the information on the form is accurate, to prevent any problems occurring with respect to interpretation and/or health and safety.

We are unable to fund potential charges made by a GP, therefore we will accept a copy of a past letter stating the allergy or completion of the relevant section by another registered medical professional, as detailed above.

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