



## **Special Dietary Requirement Form**

## **Important Notes and Guidance**

At GSS and GS Plus we endeavour to provide a school meal to all children, including those with special dietary requirements where possible. The Special Dietary Requirement form is therefore necessary to be completed in order for the Nutritionist to provide appropriate diet plans. If a child has a medically diagnosed allergy or intolerance, we can work with parents and health professionals to develop an individual menu for that child. In order for GS Plus/GSS to provide a special menu for a child, parents should complete this form in full. Please complete all sections.

## **Data Protection Act 1998**

All information we hold is kept on a secure database, with written documentation this is kept in a locked filing cabinet. This information is held purely for the purpose of providing meals for children with special dietary requirements and will not be shared with any other organisation. In signing the form below you are giving us consent for this information to be kept by us. If however we do not receive this consent we will be unable to deal with your child's special dietary requirements.

Please send completed forms to: GS Plus Catering Administration Unit 1, Thistlebrook Industrial Estate, Eynsham Drive, SE2 9RB and provide a copy to the school.

\*Forms must be signed and stamped by a medical professional ie. GP, School Nurse, hospital doctor, language therapist or dietician, certifying the information on the form is accurate, to avoid any issues with regard to interpretation and/or health and safety. We are not able to fund charges made by a GP, or other healthcare professional but will accept a copy of a past letter stating the allergy/allergies.

Name of Child's School				
Child's Full Name			Date of Birth	
Class			School Year	
Allergy/Intolerance				
Parent/Carer Details				
Name of Parent/Carer				
Relationship to Child				
Address & Postcode				
Telephone Number(s)				
Medical Professional Deta	iils			
Medical Professional Name				
Practice/Hospital Address				
Any further details of the Special Diet Requirement				
Medical Professional Signa	iture		Date	
Consent to Store Data in Accordance with Data Protection Act 1998				
I/we being the parent/gua	rdian of th	ne above named give consent to this data	being stored in lin	e with Data Protection Act 1998.
Parent/Guardian Signature			Date	

Please note that on a rare occasion the company may decline to provide a meal or ask parents to provide a packed lunch on some days. This is not done lightly and usually occurs when a child has a very restricted diet, coupled with the limitations of catering for large numbers in a school. In this case we feel the parent is best placed to provide food at lunch time to ensure a balanced diet is provided for that child.

Your child should not be having a school meal until you and the school kitchen receive the special diet menu and information from GS Plus/GSS Ltd.





## **ALLERGY DIETARY REQUIREMENTS**

SCHOOL NAME:					
PUPILS NAME:		CLASS:			
	INIE				
INFORMATION REQUIRED					
FOOD THAT WILL CAUSE AN ALLERGIC REACTION/ FOOD INTOLERANCE					
INFORMATION SUPPLIED BY: (PLEASE TICK ALL APPROPRIATE)					
PARENT					
GUARDIAN					
HEAD TEACHER					
SCHOOL NURSE					
DAY	MONTH	YEAR			
DATE					
This information must be transferred onto the data base.					