

REFERRAL FORM - ALLERGIES & INTOLERANCES

CHILDS DETAILS	
Childs Name	
Date of Birth	
Is a textured modified diet required? YES / NO	
If Yes-Please provide details	

SCHOOL DETAILS	
NAME OF SCHOOL	
ADDRESS OF SCHOOL	

PARENT / GUARDIAN DETAILS	
CONTACT NAME (parent / guardian)	
CONTACT ADDRESS	
CONTACT PHONE NUMBER	
EMAIL ADDRESS	

* MEDICAL REFERRAL - (The section below is to be completed by a medical professional such as a GP or Dietician or a letter from a professional can be attached)	
A SPECIAL DIET CANNOT BE PROCESSED WITHOUT THIS INFORMATION	
Letter from a medical professional- please stated if attached	Y / N
Name of medical professional	
Relevant professional qualification	
Other details regarding special dietary requirement?	
Medical Professional Signature	
Date	

Please note - WilsonJones are unable to provide a school meal until the school kitchen has received the completed Allergies and Intolerances Information

ALLERGIES AND INTOLERANCES –REFERRAL FORM

Important notes and guidance

WilsonJones strive to provide menus for children with certain allergies and intolerances wherever possible. The referral form is essential to allow the nutrition department to provide safe, dietary plans, therefore all sections must be completed in full.

In line with the Data Protection Act 1998, all information we hold is stored password protected on a database with documentation stored securely. This information is used for the sole purpose of providing meals for children with certain allergies and intolerances and will not be shared with any other organisation. Please sign the referral form to give parental / guardian consent for the information to be stored by us. Regrettably, if we do not receive this consent we will be unable to deal with your child's requirements. You may contact us at any time should you wish to have the information we hold amended or deleted.

Please send completed forms to Alison Fautley at:

WilsonJones Catering, Image House, Fordbridge Road, Sunbury on Thames, Middlesex TW16 6AX.

Alternatively you may scan and email this document to alison.fautley@wjcatering.co.uk.

It is essential that the form is signed and stamped/completed by a medical professional i.e. GP, school nurse, hospital doctor, language therapist or dietician, ensuring that the information is accurate (as advised by the British Dietetic Association and the British Nutrition Foundation) to prevent any problems occurring with respect to interpretation and/ or health and safety.

Please note; we are unable to fund potential charges made by a GP so please be aware we will accept a copy of a past letter stating the allergy or completion of the relevant section by another health professional as detailed above.

We look forward to being able to provide your child with a safe and balanced meal that they will enjoy every day.