

# Medically Identified Special Diet Application (HC300)

(Food intolerance and allergies only)



Medical confirmation is required for all items which need to be removed to produce a special diet menu. You must substantiate any items you wish to avoid in a combination diet with medical evidence. We are unable to assign special diet menus to children without medical confirmation.

HC3S does not include nuts as an ingredient or use products that carry "may contain nut traces" labelling; therefore no dietary amendments are necessary for nut allergies.

## Part A To be completed by the Parent/Guardian

Child's surname

Child's first name

Child's middle name

Child's date of birth

School's name and address

  

Parent/Guardian's phone number (required in case of query)

Medically Prescribed Diet requested (please tick all that apply)

- |                                      |  |  |
|--------------------------------------|--|--|
| <input type="checkbox"/> Dairy Free  | <input type="checkbox"/> Wheat and Gluten Free | <input type="checkbox"/> Soya Free                                 |
| <input type="checkbox"/> Fish Free   | <input type="checkbox"/> Undercooked Egg Free  | <input type="checkbox"/> Wet Dairy Free                            |
| <input type="checkbox"/> Lentil Free | <input type="checkbox"/> Egg Free              | <input type="checkbox"/> Wheat, Gluten, Barley, Rye and Oats Free  |
| <input type="checkbox"/> Sesame Free | <input type="checkbox"/> Legume Free           | <input type="checkbox"/> Allergens not listed (please state below) |
| <input type="checkbox"/> Tomato Free | <input type="checkbox"/> Pea Free              |  |

  

My child also requires the diet to be

- |                                     |                                |                                    |                                    |
|-------------------------------------|--------------------------------|------------------------------------|------------------------------------|
| <input type="checkbox"/> Vegetarian | <input type="checkbox"/> Vegan | <input type="checkbox"/> Pork free | <input type="checkbox"/> Beef free |
|-------------------------------------|--------------------------------|------------------------------------|------------------------------------|

Please take this form to your Doctor/Registered Dietician to complete Part B.

(Only medical food allergies/intolerances as confirmed in Part B will be removed from the diet)



**Part B****To be completed by Doctor/Registered Dietician**

I confirm that

has an allergy/intolerance to

  
  

and will require an appropriately modified school lunch.

**Signature****Doctor****Dietician****Name****Doctor/Dietician stamp****Address of surgery/hospital/dietician**  
  
**Part C****Terms and conditions**

HC3S will take every possible precaution to ensure that food items detailed in the special menus will not be given to the identified pupils and all appropriate processes will be managed. Please be aware that there is always a risk that traces of allergens may be transferred to items from our menu during processing, storage or preparation in our kitchens. For these reasons HC3S is unable to guarantee that any item on any of our menus is free from trace allergens.

It is the responsibility of the parent/carer to inform HC3S in writing of any changes to the pupil's allergy/intolerance.

HC3S reserves the right to decline a request to provide a menu if it considers that the medical risk is too great or insufficient evidence and support has been provided.

Hampshire County Council will process the personal information provided on this form in accordance with the General Data Protection Regulations. We will collect and use the data to identify and provide a medically identified diet. We will also provide this information to the child's school. We will keep this information until your child leaves Primary education. The legal basis for our use of this information is 'Necessary for reasons of substantial public interest'. Under data protection legislation, individuals have some legal rights in respect of personal information we collect from you. Please see our website for further details

[www.hants.gov.uk/aboutthecouncil/strategiesplansandpolicies/dataprotection](http://www.hants.gov.uk/aboutthecouncil/strategiesplansandpolicies/dataprotection)

I confirm that I have read and understood the above:

**Name - Parent/Guardian****Signature****Date**

Form produced April 2018

**Please return this to your school for it to be scanned to HC3S Office**023 8062 9388 • [HC3Sfooddevelopment@hants.gov.uk](mailto:HC3Sfooddevelopment@hants.gov.uk) • [www.hants.gov.uk/hc3s](http://www.hants.gov.uk/hc3s)