

Important Notes & Guidance

Caterlink strives to provide menus for children with special dietary requirements whenever possible. The referral form is essential to allow the provision of a safe, special diet plans; therefore, all sections must be completed in full.

We have requested the personal information on this form about your child's food allergies and intolerances in order to provide meals in line with their special dietary requirements. We will not be sharing this information with any third-party organisation, only to your child's school. All personal information provided in this form is kept on a password protected database. We will only retain your information for as long as it is necessary to fulfil the purposes for which it is collected. Please contact admin@caterlinkltd.co.uk if you want to review, verify, correct, request erasure, or object to the processing of your personal information. Further details are contained within our Special Diet Process - Data Protection Fact Sheet, which is available on request.

Please sign the form below to give parental/guardian consent for this personal information to be used by us. Regrettably, if we do not receive this consent, we will be unable to deal with your child's special dietary requirements.

*The form must be supported by a regulated healthcare professional (GP; School Nurse; Speech and Language Therapist or Dietitian), ensuring that the information on the form is accurate, to prevent any problems occurring with respect to interpretation and/or health and safety. Please note: we cannot process referrals from Nutritionists or Nutritional Therapists. We are unable to fund potential charges made by a GP; therefore, we will accept a copy of a historical letter stating the dietary requirement from a regulated healthcare professional (GP; School Nurse; Speech and Language Therapist). **Please note that all kitchens produce meals using ingredients that may contain potential allergens. We have systems and procedures in place to minimise risks and cross contamination within the kitchen environment. However, if this is a concern due to the severity of an allergy/intolerance then please contact us to arrange a visit to the kitchen**

Please complete this form and scan and email it to admin@caterlinkltd.co.uk along with relevant supporting information or hand it to your school office who will ensure it is sent to Caterlink*

Once received the following process will be followed in line with Caterlink's Allergy & Special Diet Guide:

1. Form and data will be passed onto Caterlink Operations Manager
2. Information will be transferred onto a central password protected database managed by the local Caterlink office. The request will be risk assessed using the LACA School Allergens Risk Analysis Process.
3. A meeting can be arranged with the Parent and School to discuss the Allergy/Intolerance needs of a child, if required. There may also need to be a meeting if the risk assessment is show as 'high risk'
4. The dietary requirements will be checked, and special dietary menu supplied to the parent.
5. The agreed menu will then be sent to the school and the kitchen with an agreed date for the menu to start from.
6. The School will ensure that they inform the Kitchen Manager of their policy for identifying pupils/customers with Special Diets/Allergies so that they can be identified at Service Point.
7. If the Location Manager is not confident that the School's/sites method of identifying those pupils/customers who need a specific meal is fit for purpose, then the Location Manager must immediately raise the concern with their Operations Manager.
8. Any menu change will be communicated to the parents/guardians and reissued to the School and the kitchen.
9. Any complex requirements will be passed through Caterlink's Nutritionist for guidance and support, this may require a meeting or contact with the parent/guardian and school.

PLEASE NOTE: It can take up to 2 weeks to process new menus, Once all information is received. No responsibility to provide a special dietary meal for a child will be accepted until a date of implementation of a menu has been agreed.

Allergy/Intolerance/Texture Modified Diet Referral Form (Brighton & Hove)

***ONLY TO BE COMPLETED FOR CHILDREN WITH AN ALLERGY OR INTOLERANCE**

Please complete this form and scan and email it to admin@caterlinkltd.co.uk along with relevant supporting information or hand it to your school office who will ensure it is sent to Caterlink

PUPILS DETAILS

Child's Name		Date of Birth (DD/MM/YY)			
Which food Allergen or Intolerance does the child have (These do not include lifestyle or religious choices)	Please circle				
Please use the other side of the page to provide further detail and state here "please turn over"	Peanut	Milk	Crustacean	Soybean	Fish
	Celery	Nuts	Sesame Seeds	Mustard	Lupin
	Eggs	Molluscs	Gluten	Sulphites	Other*
*Other – please state					
If also required as part of a special diet, please state – such as. No Beef/No Pork/Halal/Vegan/Vegetarian/Pescatarian					
Please give details of what the symptoms are when exposed to the above declared allergens and intolerances and what level of exposure is required to cause a reaction					
If an Auto Adrenaline Injector (eg. EpiPen) is required please state clearly which of the allergens this relates to:					

SCHOOL DETAILS

Name of School	
School Address (in full)	

PARENT/GUARDIAN DETAILS

Main Contact Name & relation to child	
Main Contact - Phone Number(s)	
Main Contact E-mail address	

Other information

If EpiPen / Medicine is needed who is to be contacted and is it to be kept on site at the school	
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MEDICAL REFERRAL* (To be completed by a regulated healthcare professional such as GP or Dietician AND supported by a letter from a healthcare professional – state below if letter enclosed) WITHOUT THIS INFORMATION WE CANNOT PROCESS THIS SPECIAL DIET

A letter from a healthcare professional, old or new is acceptable. Please tick if enclosed.	
Name of Healthcare Professional	
Relevant Professional Qualification	
Practice/Surgery/Hospital Address	
Any further clarification/details on the special dietary requirement.	
Healthcare Professional Signature	Date

Consent To Store Data in line with the General Data Protection Regulation (GDPR) (EU) 2016/679 **Tick**

I'm happy that information on this form will be used and stored as indicated in the notes and guidance	
I'm happy for my child's allergen information to be displayed / kept next to the main servery area to enable the catering staff and school to check allergy information	
Parent name:	Signature: Date: