

Please scan/photograph and email completed forms & documents to your school office.

|  |
| --- |
| **CHILDS DETAILS** |
| Childs Name |  |
| Date of Birth |  |
| Allergy/Intolerance |  |
| **SCHOOLS DETAILS** |
| School attended by child |  |
| **PARENT/GUARDIAN DETAILS** |
| Contact Name (Parent/Guardian) |  |
| Contact Address |  |
| Postcode |  |
| Contact Phone Numbers |  |
| \*Email Address (required field) |  |
| **MEDICAL REFERRAL - To be completed by a regulated healthcare professional (Medical Doctor, Nurse, or registered Dietician) OR supported by a letter from regulated healthcare professional - state below if letter enclosed.WITHOUT THIS INFORMATION WE CANNOT PROCESS THIS SPECIAL DIET** |
| A letter from a healthcare professional. Please state if enclosed |  |
| Name of Healthcare Professional |  |
| Relevant Professional Qualification |  |
| Practice/Surgery/Hospital Address |  |
| Any further clarification/details on the special dietary requirement |  |
| Health Care Professional Signature |  | Date |
| **CONSENT TO STORE DATA – In line with the General Data Protection Regulations (GDPR) (EU) 2006/679** |
| I/we consent to the above data being stored in the manner described by Yes Chef Catering Ltd so that a suitable school meal may be provided for this child. |
| Parent/Guardian Signature(s) |   | Date |
| PLEASE NOTE: It can take time to organise and process dietary requirements.Your child WILL NOT be Issued with a school meal without completion of the above documents and not before Yes Chef Catering have supplied you with confirmation that your child can be catered for along with a start date via email.  |