

# MEDICAL DIET REQUEST FORM

Please complete all parts of this request form in full or your application will not be processed.  
If you require assistance with understanding or completing this form, please contact the school for assistance.

Oxfordshire County Council's allergen reports, declaring the presence of the 14 mandatory Food Information Regulation allergens, and nutrient counts (including carbohydrates, protein and fat) are available for all OCC recipes on current menus. Please ask the kitchen team or request them from your local OCC contact.

## Medical Diet Request (to be completed by the Parent/Guardian)

Child's First Name

Child's Surname

Child's Date of Birth

Child's School Year Group

Parent/Guardian Name

Parent/Guardian Phone Number

Parent/Guardian Email

School Name

School Postcode

### Medical Diet (please tick all that apply)

- |                                   |  |                                      |                                    |
|-----------------------------------|--|--------------------------------------|------------------------------------|
| <input type="checkbox"/> Celery   | <input type="checkbox"/> Cereals (containing gluten) | <input type="checkbox"/> Crustaceans | <input type="checkbox"/> Soya      |
| <input type="checkbox"/> Eggs     | <input type="checkbox"/> Fish                        | <input type="checkbox"/> Lupin       | <input type="checkbox"/> Milk      |
| <input type="checkbox"/> Molluscs | <input type="checkbox"/> Mustard                     | <input type="checkbox"/> Nuts        | <input type="checkbox"/> Peanuts   |
|                                   |  |                                      | <input type="checkbox"/> Sesame    |
|                                   |  |                                      | <input type="checkbox"/> Sulphites |

### Other allergens

- |                                       |  |                                    |                                   |                                     |
|---------------------------------------|--|------------------------------------|-----------------------------------|-------------------------------------|
| <input type="checkbox"/> Bananas      | <input type="checkbox"/> Beans                         | <input type="checkbox"/> Chickpeas | <input type="checkbox"/> Coconuts | <input type="checkbox"/> Pineapples |
| <input type="checkbox"/> Kiwis        | <input type="checkbox"/> Lentils                       | <input type="checkbox"/> Oranges   | <input type="checkbox"/> Peas     | <input type="checkbox"/> Tomatoes   |
| <input type="checkbox"/> Strawberries | <input type="checkbox"/> Other (please specify): _____ |                                    |                                   |                                     |

My child also requires their medical diet to be (please tick all that apply):

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

### Supporting Documentation (to be provided by the Parent/Guardian)

**I confirm that I am attaching medical evidence confirming the medical diet requested in part A**

(please tick one or more as appropriate):

- Doctor/Dietitian letter or note
- Other medical professional letter or note
- Professional medical care or Allergy Action plan
- OCC Medical Evidence Support Form

Please return this completed form with supporting medical evidence to your school who will forward it to the OCC Catering Service for action. If you have any queries, please contact your local OCC contact.

Please attach a recent colour passport style photo of your child for identification purposes.

**Please request the  
Oxfordshire County  
Council Medical Diet  
Policy for more  
information**

Attach Photo  
Here

### Terms and Conditions

By completing this medical diet request form, parents/guardians are consenting for their child to be identified in accordance with the system operating in their school. If OCC Catering Services are able to safely produce special diets for your child, we will continue to do so until you notify us otherwise.

On completion of any special diet menu you will receive a copy and it is your responsibility to check this and notify the Catering Service of any discrepancies immediately. You are further responsible for notifying the service to any changes required of the medical diet. Failure to notify OCC of any other medical diet requirement (along with supporting evidence) may mean that we are unable to accommodate your child's needs

Until the medical diet has been confirmed and accepted OCC can provide a jacket potato with a suitable topping from the date of receipt of a medical diet request until the date a medical diet menu has been confirmed and accepted for a child. If this is not a suitable alternative, pupils must provide a packed lunch meal as an interim measure.

OCC reserve the right to decline any medical diet request if a risk assessment indicates the medical risk too high, or insufficient supporting evidence is provided.

OCC will process the personal data you have supplied, in accordance with the data protection laws that apply to the UK.. We will only share this personal data with those people or organisations that may require it, to keep your child safe and healthy. We will keep this personal data for no longer than is necessary, and at most for 3 years after they leave the school named on this form. Under UK data protection legislation, you have certain rights in relation to your personal data. This statement is only intended as a summary Privacy Notice, full details can be found in the following link.

<https://www.oxfordshire.gov.uk/council/about-website/privacy-notice>

Please request OCC full medical diet policy for more information.

I consent to OCC processing this personal data for the purpose of providing a medical diet and I confirm that I have read and understood the above.

Parent/Guardian Name

Signature

Date