

Special Diet Referral Form v6

RAD-F-67



Please scan and email your completed form to special.diets@radishallgood.com
 PLEASE COMPLETE IN BLOCK CAPITALS

Pupil Name: _____ School Name: _____

School Year: _____

Allergy, Intolerance and/or Medical Condition: (please tick one or more boxes)

<input type="checkbox"/> Eggs	<input type="checkbox"/> Cereals containing gluten
<input type="checkbox"/> Dairy	<input type="checkbox"/> Mustard
<input type="checkbox"/> Fish	<input type="checkbox"/> Shellfish
<input type="checkbox"/> Sesame	<input type="checkbox"/> Molluscs e.g. Clams, Mussels, Whelks, Oysters and Squid
<input type="checkbox"/> Soya	<input type="checkbox"/> Sulphur dioxide, which is a preservative found in some dried fruit
<input type="checkbox"/> Celery & Celeriac	<input type="checkbox"/> Nuts
<input type="checkbox"/> Lupin	<input type="checkbox"/> Peanuts
<input type="checkbox"/> Coeliac Disease	<input type="checkbox"/> Diabetes
<input type="checkbox"/> Vegetarian	<input type="checkbox"/> Vegan

If you have ticked any of the above listed allergies, please tick YES or NO if your child can eat a dish which 'may contain' the above selected allergies.
 Please make a comment if you need to. YES NO

Parent/Guardian Details

Name: _____

Phone number: _____

Email Address: _____

Additional Information

Signature of Parent/Guardian: _____

Date: _____

Please note, Radish cannot guarantee that menus are 100% free from the specified allergen(s) due to cross contamination risks processing, storage, or preparation in our kitchens. All catering staff, however, are trained in allergy awareness and food safety to a level commensurate with their role. Some of our supplier's state 'may contain' warnings on their products due to manufacturing and distribution processes.