

Pupil Medical Diet Request Form

Pupil's Name:	Pupil's Date of Birth:
Address:	
Postcode:	
Parent/Guardian's Name:	
Email Address:	
Contact Telephone Number:	
School:	
Brief outline of pupil's food allergy/Intolerance (as per medical letter):	
<p>*Please include a copy of medical evidence in the form of a Dietitian or Paediatric Consultant letter, detailing your child's food allergy/intolerance. Forms can be returned via email to nutrition@edwardsandblake.co.uk Or send via post to: F.A.O Rosanna Horsley Nutrition & Dietetic Team Beacon House, Turbine Way, Swaffham PE37 7XJ</p>	

Parental consent to data processing

The personal data about your child contained within this form will be used by Edwards & Blake to create a medical diet recipe template for your child and to ensure your child receives the correct safe meal. More information about how Edwards & Blake processes your child's personal data is available in the Edwards & Blake Medical Diet Privacy Notice.

Please sign below to indicate that you are happy for Edwards & Blake to process your child's personal data for these purposes. You can withdraw your consent to this processing at any time, but please note that if you do so, Edwards & Blake will not be able to continue to provide your child with a medical diet.

Please note that if the details within this form (including your contact details) change, you must inform Edwards & Blake immediately by contacting nutrition@edwardsandblake.co.uk

Edwards & Blake may contact you to review your child's medical diet and if no response is received, your child's medical diet will be discontinued, so it is very important that Edwards & Blake has up-to-date contact details for you.

Signed: _____

Print name:

Date: