Special Diet Referral Form v5

RAD-F-67

Please scan and email your completed form to **catering.admin@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)

☐ **Eggs**	☐ **Cereals containing gluten**
☐ **Dairy**	☐ **Mustard**
☐ **Fish**	☐ **Shellfish**
☐ **Sesame**	☐ **Molluscs, e.g., Clams, Mussels, Whelks, Oysters and Squid**
☐ **Soya**	☐ **Sulphur dioxide, which is a preservative found in some dried fruit**
☐ **Celery & Celeriac**	☐ **Nuts**
☐ **Lupin**	☐ **Peanuts**
☐ **Coeliac Disease**	☐ **Diabetes**

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.**