Medical Diet Enquiry Form

Please take this completed form with a medical letter* into your school. *A medical letter from a Dietitian, Paediatric Consultant or your GP.

(For Taylor Shaw use).

School can send your information securely to the School Food Service by uploading to Anycomms+ and select file type SF Diets.

Date:		School Contac	t Person:	
Pupil Name		- 4	Date of Birth	
School				
Parent/Carer Name:				
Parent/Carer Address:				
Parent/Carer Con	tact Number:			
Parent/Carer email address: We ask for an email for parent to speed up the communication process between Taylor Shaw and parent/carer.		· · ·		
Brief details of yo Medical or Dietary				
hild and to ensure your chi ersonal data is available in lease sign below to confirm	ur child contained wit ld receives the correc the Taylor Shaw Me n that you are happy o this processing at a	et safe meal. More informatical dical Diet Privacy Notice for Taylor Shaw to proces any time, but please note	by Taylor Shaw to create a medical diet of ation about how Taylor Shaw processes yes your child's personal data for these pure that if you do so, Taylor Shaw will not be	your child's rposes. You
ease note that if the detain contacting nutrition@tay		cluding your contact det	ails) change, you must inform Taylor Sh	naw immediately
y signing this form you agr ased on the appropriate So	ee to Taylor Shaw's I	cycle, and putting that in	m preparing a 'Named Medical Diet Ment to action at that point. Taylor Shaw will b If no email address is provided a hard co	e provided you
Signature of				
arent or Care	r			
ffice Use Only				
Date Sent to Taylor Sha (For School Food Service us				- V
Date Taylor Shaw sent I Parent/Carer /Menu Act		81		