

# Medically Identified Special Diet Application (HC300)

(Food intolerance and allergies only)



Medical confirmation is required for all items which need to be removed to produce a special diet menu. You must substantiate any items you wish to avoid in a combination diet with medical evidence. We are unable to assign special diet menus to children without medical confirmation.

HC3S does not include nuts as an ingredient or use products that carry "may contain nut traces" labelling; therefore no dietary amendments are necessary for nut allergies.

## Part A To be completed by the Parent/Guardian

Child's surname

Child's first name

Child's middle name

Child's date of birth

School's name and address

  

Parent/Guardian's phone number\*

Parent/Guardian's email\*

Medically Prescribed Diet requested (please tick all that apply)

- |                                      |                                      |   |
|--------------------------------------|--------------------------------------|---|
| <input type="checkbox"/> Dairy Free  | <input type="checkbox"/> Tomato Free | <input type="checkbox"/> Soya Free                                |
| <input type="checkbox"/> Fish Free   | <input type="checkbox"/> Egg Free    | <input type="checkbox"/> Wheat, Gluten, Barley, Rye and Oats Free |
| <input type="checkbox"/> Lentil Free | <input type="checkbox"/> Legume Free |   |
| <input type="checkbox"/> Sesame Free | <input type="checkbox"/> Pea Free    |   |

If your child has allergens not listed above, please contact a member of the Food Development Team on 02380 629 388 or email [hc3sfooddevelopment@hants.gov.uk](mailto:hc3sfooddevelopment@hants.gov.uk).

- My child requires an autoinjector (EpiPen) for their food allergy  
(as we are nut free, you do not need to indicate if the autoinjector is required only for nut allergies)

My child also requires the diet to be

- Vegetarian       Vegan       Pork free       Beef free

Please take this form to your Doctor/Registered Dietician to complete Part B.  
(Only medical food allergies/intolerances as confirmed in Part B will be removed from the diet)

\*required in case of query

**Part B****To be completed by Doctor/Registered Dietician**

I confirm that

has an allergy/intolerance to

  
  

and will require an appropriately modified school lunch.

**Signature****Doctor****Dietician****Name****Doctor/Dietician stamp****Address of surgery/hospital/dietician**  
  
**Part C****Terms and conditions**

These terms and conditions affect your parental responsibility, please also read HC3S Medically Identified Special Diets Policy: [documents.hants.gov.uk/HC3S/MedicallyIdentifiedSpecialDietPolicy.pdf](https://documents.hants.gov.uk/HC3S/MedicallyIdentifiedSpecialDietPolicy.pdf)

HC3S reserves the right to decline a request to provide a menu if it considers that the medical risk is too great or insufficient evidence and support has been provided.

Hampshire County Council will process the personal information provided on this form in accordance with the General Data Protection Regulations. We will collect and use the data to identify and provide a medically identified diet. We will also provide this information to the child's school. We will keep this information until your child leaves Primary education. The legal basis for our use of this information is 'Necessary for reasons of substantial public interest'. Under data protection legislation, individuals have some legal rights in respect of personal information we collect from you. Please see our website for further details [hants.gov.uk/aboutthecouncil/strategiesplansandpolicies/dataprotection](https://hants.gov.uk/aboutthecouncil/strategiesplansandpolicies/dataprotection).

I confirm that I have read and understood the above:

**Name - Parent/Guardian****Signature****Date**

Form produced May 2019