

Pabulum Ltd: Referral Form for Medically Prescribed Diets

School: Cranmere Primary School

Name of Child: _____ Date: _____

Age and Year Group: _____ Male / Female: _____

Medical Condition: _____

Is child knowledgeable about his/her dietary requirements? YES NO

Can parent provide a photo of child for display in the kitchen? YES NO

Please list dietary requirements and associated information from medical professional

Medical Diagnosis:

Special Diet:

Types Of Food Which Must Be Avoided:

Additional Information:

Dietician Details:

- Name:
- Address:
- Email/Telephone:



We/I the parent/carer of the above child accept that Pabulum will make every effort in providing our child with food to meet their Medically Prescribed Diet, but also accept that Pabulum:

- Cannot guarantee that the food has been processed and/or prepared in an allergen-free environment and so may contain traces.
- Will inform parent/carer whether special dietary requirements cannot be provided safely and to an acceptable level.

Parent/Carer Name: _____

Signature: _____

Email Address: _____

Telephone: _____

School Representative's Signature: _____

Catering Manager's Signature: _____

Email Address: _____

Date: _____

cc: School Office, Pabulum Regional Business Manager, Parent

