



Griffin Primary School

Stewarts Road
London SW8 4JB
Tel: 020 7622 5087
Fax: 020 7720 6659
Email: info@griffinprimary.org.uk
Web: www.griffinprimary.org.uk
Head Teacher Ms K Bastick-Styles

GRIFFIN LUNCH INFORMATION

Important Notes & Guidance – Allergy & Intolerance Information Sheet

Dear Parent/ carer

Greenside School strive to provide menus for students with special dietary requirements whenever possible. The form is essential to allow the Chef to provide safe, special diet plans; therefore all sections must be completed in full.

*It is essential that the form is **signed and stamped/ completed** by a registered medical professional i.e. GP, School Nurse, hospital doctor, language therapist or dietitian, ensuring that the information on this information sheet is accurate (as advised by health professionals and in liaison with dietetic departments around the United Kingdom) to prevent any problems occurring with respect to interpretation and/or health and safety.

We are unable to fund potential charges made by a GP, so please be aware we will accept a copy of a past letter stating the allergy or completion of the relevant section by another health professional as detailed above.

We look forward to being able to provide your daughter/ son with a safe, balanced meal that they will enjoy, every day.





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STUDENT DETAILS	
Student Name	
Allergy/Intolerance	
If a textured modified diet is required, please provide details	
Date of Birth	
PARENT/ CARER DETAILS	
Contact Name (Parent/ carer)	
Contact Address	
Postcode	
Contact Phone Numbers	
Email Address	
*MEDICAL REFERRAL (The below section is to be completed by a registered medical professional such as GP or Dietician <u>or</u> a letter from a medical professional – state below if letter enclosed) <u>WITHOUT THIS INFORMATION WE CANNOT PROCESS THIS SPECIAL DIET</u>	
A letter from a medical professional, old or new is acceptable. Please state if enclosed.	
Name of Medical Professional	
Relevant Professional Qualification	
Practice/Surgery/Hospital Address	
Any further clarification/ details on the special dietary requirement.	
Medical Professional Signature	Date
Parent/ Carer Signature(s)	Date

