

City Catering Southampton
Food Allergy Referral Form



Childs details	
Pupil name	
School name	
Full details of food allergy / allergies	
Parent/carer details	
Name	

MEDICAL REFERRAL The section below must be completed by a medical professional such as a GP or Dietician OR must be accompanied by a letter from a medical professional. Without this information we cannot process requests for special diets. We are unable to fund potential charges made by GPs/Health Professionals.

Name of medical professional	
Practice/ surgery/ hospital address	
Any further clarification/ details on the special dietary requirement	
Medical Professional Signature OR Surgery/ Practice stamp (unless accompanied by letter)	

Consent To Store Data in line with the General Data Protection Regulations 2018	
<p>I/We consent to City Catering Southampton processing and storing securely, with any written documentation being stored in a locked cupboard. This information will only be used for the sole purpose of providing meals for children with special dietary requirements, under articles 6(1)(a) consent, 6 (1) (b) contract, and 6 (1) (d) vital interests. This information will only be held until the data subject (the pupil) has left the school. You have the right to request access to any personal data we may hold about you. If any of that data information is incorrect, you can request that we correct it. If we are not using your information correctly, you can request that we stop using it or that we delete it completely. Subject access requests from individuals should be sent by letter, addressed to the Data Protection Officer, City Catering Southampton, 2nd Floor Latimer House, 5-7 Cumberland Place, Southampton SO15 2BH, or by email: admin@citycateringsouthampton.co.uk.</p>	
PARENT/ CARER SIGNATURE	Date