

Please take a completed form with a medical letter* into your school

*A medical letter from a Dietitian, Paediatric Consultant or your GP

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

Date:

school contact person:

Pupil Name		Date of Birth	
School			
Parent/Carer Name			
Parent/Carer Address			
Parent/Carer contact number			
Parent/Carer email address <i>We ask for an email for parent to speed up the communication process between Taylor Shaw and parent</i>			
Brief details of your child's Medical or Dietary needs			

Parental consent to data processing

The personal data about your child contained within this form will be used by Taylor Shaw to create a medical diet menu for your child and to ensure your child receives the correct safe meal. More information about how Taylor Shaw processes your child's personal data is available in the Taylor Shaw Medical Diet Privacy Notice.

Please sign below to confirm that you are happy for Taylor Shaw to process your child's personal data for these purposes. You can withdraw your consent to this processing at any time, but please note that if you do so, Taylor Shaw will not be able to continue to provide your child with a medical diet.

Please note that if the details within this form (including your contact details) change, you must inform Taylor Shaw immediately by contacting nutrition@taylorshaw.com

**Signature of
Parent or Carer**

Office Use Only

Date Sent to Taylor Shaw <i>For school food service use</i>			
Date Taylor Shaw sent Menu to parent <i>For Taylor Shaw use</i>		Date Menu confirmed by parent <i>For Taylor Shaw use</i>	