**Twelve15 Special Diet Application Professional Medical Endorsement**

**ID Special Diet ID reference number:**

Please download this form and take it to the child’s medical practitioner, once completed please scan and email it to specialdietsTwelve15@surreycc.gov.uk

To be completed by a Medical Practitioner – GP, Consultant or Registered Dietician \*I confirm that ………………………………………………………………. (full name of child) has an allergy / intolerance (delete as appropriate) to the following:

Please detail specific foods and ingredients that must be excluded from the diet:

Auto adrenalin injector prescribed e.g. EpiPen □ Yes □ No

Is the allergy life threatening □ Yes □ No

\*Signature: Position: □ GP □ Dietician □ Consultant

\*Print Name: Practice Authorisation Stamp

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