

Special Diet Request Form – medically prescribed needs

If your child requires a special diet for health reasons, please fill in the following form and send it to the Principal of the school that your child attends. The request will be considered by the Principal in consultation with the school catering service. Where appropriate, they will seek the advice of the local dietician. Any changes to the detail given below should be communicated to the school.

| | |
|---|----------------------------------|
| Child's details | |
| Pupil's Name | Date of birth |
| School | |
| Address | |
| Parent/Guardian's details | |
| Contact Name | Contact daytime telephone number |
| Contact address | |
| Medical details | |
| Medical condition special diet is to be provided for (please tick all boxes that apply) | |
| Diabetes | <input type="checkbox"/> |
| Coeliac disease | <input type="checkbox"/> |
| Milk allergy | <input type="checkbox"/> |
| Egg allergy | <input type="checkbox"/> |
| Wheat allergy | <input type="checkbox"/> |
| Other (Please specify) | <input type="checkbox"/> |

If other please list the foods to be avoided and list of foods that can be used to substitute these

List of foods to be avoided

List of substitute foods

Change of texture requirements

List any foods that need any changes in texture stating the change required.

Do you use special dietary products with your child

Yes

No

If yes please give details

Which of these products are prescribed

Can you provide the catering service with a small amount of prescribed products for use in preparing diet? This will ensure a more varied and balanced diet for your child

Yes

No

If yes please give details of product and amount

Please attach sample diets or recipes (this will allow the correct diet to be provided)

| | |
|-------------------------------------|--|
| Parent/Guardian signature | |
| Parent/Guardian signature | |
| Please print name | |
| Date | |
| Date passed to Catering Supervisor. | |
| Signature School Principal. | |

**Original form to be forwarded to the Catering Supervisor
Copy to be retained by school and parent.**

Special Diet Medical Form

Private and Confidential

TO BE RETURNED TO SCHOOL PRINCIPAL

Date: _____

Dear: _____

RE: (Child's name) _____

DOB: _____ H&C No: _____

I would like to confirm that the above child requires special diet provision.

Diet required:

His/her parents/guardians have received written dietary advice.

Any other additional relevant information

He/she will/will not continue to be reviewed by the Consultant/ General Practitioner/ Paediatric dietitian.

Yours faithfully

Consultant/ General Practitioner/ Paediatric dietitian

cc Parents

cc File