

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 <input type="checkbox"/> No <input type="checkbox"/>
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 <input type="checkbox"/> No <input type="checkbox"/>	
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 request form - Cultural or religious need

Please return completed form to school Principal

Pupil's details	
Pupil's Name	Date of birth
School details	
School	
Address	
Parent/Guardian details	
Contact Name	Contact daytime telephone number
Contact address	
Type of diet required	
Cultural or religious diet required (Please specify)	
Please list the foods to be avoided and list the foods that can be used as a substitute	
List of foods to be avoided	List of substitute foods
Parent/Guardian's 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
Copies to be retained by the school and parent.

For School Catering office use

Date request form received	
Form referred to:	
Name	
School.	
Date requirements discussed with parent if required and menu agreed.	
Can special diet be provided	Yes <input type="checkbox"/> No <input type="checkbox"/>
Date special diet commenced.	
Date copies of menus sent to Catering supervisor Principal Parent/Guardian	
Detail arrangements in place for provision of prescribed ingredients by parent/guardian	
Date letter sent to parents/guardian if unable to provide diet	
Date all areas of HACCP reviewed to ensure requirement are met	
Catering Supervisor to confirm the following <ul style="list-style-type: none">• Review all areas of HACCP• Include child's requirements in file in kitchen.• Provide information about requirement at the point of service• Inform all staff of the requirement.	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
Signature Catering Supervisor.	Signature Area Manager.