

Request for Special Diet

This form is for parents to complete if your child has a special dietary requirement. The information provided will be used to inform the School (including Home Economics department) and School Caterers when providing meals for your child.

Section 1: Details of Pupil

SCHOOL NAME: _____

Surname:

.....

Forenames:

.....

Address:

.....

..... Postcode:

Male/Female: Date of Birth Class/Form

Special Dietary Requirement

.....

.....

Section 2: Contact Details

Name: Daytime Tel. No.:

Relationship to pupil:

.....

Address:

.....

.....

Section 3: Medical Details

I understand that by providing these details I am happy for School Catering to make contact for further information

Doctor/Dietician /Speech and Language Therapist/Paediatric Specialist Nurse

.....

Address:

.....

.....

Contact No:

.....

Signed: Date:

PUPIL NAME:
SCHOOL NAME:

CLASS:

SPECIAL DIETARY REQUIREMENT / FOOD ALLERGIES

The School Catering Service, and other school departments are committed to making provision for medically prescribed diets, children with special educational needs which affect their diet, children requiring vegetarian options and children with religious or cultural restrictions. The following questions will help inform the School about how your child can best be supported.

Please complete the appropriate sections as necessary and **name** each one as they may be separated to go to the relevant staff / departments.

SECTION A

Does your child have a **medically prescribed** dietary requirement? **YES / NO**

If you have ticked **YES** please answer the following questions:
If NO go to Section B

1. Which of these apply?

- dairy free
- egg free
- wheat free
- gluten free
- nut free
- diabetes
- coeliac disease

2. Any other requirements? Please give details

3. Do you use any special dietary products with your child? **YES / NO**

Please give details

4. Which of these products are prescribed?

5. Do you have a prescribed diet plan for your child? **YES / NO**

6. Who provides this for your child? Please provide contact details

.....

.....
Written details from a Medical Practitioner/Dietician may be required to ensure that the Catering Service can safely meet the needs of your child

PUPIL NAME:
SCHOOL NAME:

CLASS:

SECTION A – ALLERGY DETAIL

The following information is required by the School Catering Service, the Home Economics department, and may be needed by staff teaching other curricular areas. Please provide as much detail as possible.

IT IS THE RESPONSIBILITY OF PARENTS / CARERS AND THEIR CHILD TO ENSURE THAT THIS INFORMATION IS UPDATED AND THE SCHOOL IS AWARE OF SPECIAL DIETARY REQUIREMENTS.

Foodstuff	Can be eaten?	Can be touched?	Can be in the room?	Possible symptoms of reaction	Action to be taken
Eggs					
Cows milk & products					
Tree Nuts					
Peanuts					
Sesame seeds					
Wheat					
Gluten					
Shellfish					
Fish					
Soya					
Vegetables – please specify					
Fruit – please specify					
Pulses – please specify					
Other – please specify					

Does your child carry allergy medication e.g. (Epipen / Piriton / Inhaler / other? YES / NO

Can your child self-administer their medication? YES / NO

Medication carried:

Admission Form D

PUPIL NAME:
SCHOOL NAME:

CLASS:

SECTION B

Does your child have a **support need** that affects their eating? **YES / NO**

If you have ticked YES please answer the following questions.

If NO, go to Section C

1. Please indicate the need from the list below

- a. Texture / Consistency modification
- b. Limited food range
- c. Reading menu
- d. Help with eating/drinking
- e. Help with food selection

2. Any other requirements? Please give details

3. What dietary modification do you follow at home? Please give details

Please provide further information that would be helpful

SECTION C

Does your child have a **religious need** that may require modified food products?
YES / NO

Please indicate which products require substitution / omission

Please provide further information that would be helpful

Supporting Children with Special Dietary Requirements

Education & Children's Services

Our Ref:

Your Ref:

Please ask for:

Direct Dial:

E-mail:

Date

Address

Dear Parent/Carer

SPECIAL DIETARY REQUIREMENTS

Thank you for providing information on the dietary requirement for your child. To ensure that your child's dietary requirement can be safely met through the School Meals Service it may be helpful for catering staff to contact your dietician/GP/private practitioner for further advice.

I would therefore be grateful if you would complete the attached form to enable this to take place.

Yours sincerely