ONLY COMPLETE IF APPLICABLE

Special Diet Application Form

If your child requires a special diet, please fully complete this form and return to the school office. Please note-

- If your child requires a special diet for religious or cultural reasons or because they are vegetarian or vegan, please fully complete Part A and Part B of this form.
- If your child requires a special diet for medical/ health reasons, please complete Part A and Part C of this form, **in addition to** a Special Diet Medical Form. Please note, special diet medical forms may be signed **only** by a medical consultant, GP or registered dietitian.

Incomplete forms will not be accepted and will be returned to parent/guardians for completion. This may result in a delay in your child receiving a special diet.

PLEASE NOTE- The school catering service will accommodate specific dietary needs from existing menus and ingredient range, therefore a child with a special dietary need may not always get a choice of dishes. If any specialist dietary preparations and prescription foods are required these will need to be supplied by the child's parent/guardian. The set price for school meals will remain the same in these circumstances.

PART A- CONTACT DETAILS

Pupil details

Pupil's Name — Date of birth

Schoo details

School

School Address

Parent/Guardian s details

Contact Name — Contact daytime telephone number

Contact address

PART B- RELIGIOUS, CULTURAL OR VEGETARIAN/VEGAN DIET REQUIREMENT

Cultural, religious, vegetarian or vegan diet	
Please specify the type of diet required:	
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
Other relevant information	

PART C- MEDICALLY PRESCRIBED DIET REQUIREMENT

Medically prescribed diet	
Please indicate the type of medical condition the special diet is to be provided for (please tick all boxes that apply)	
Diabetes ☐	Nut Allergy ☐
Coeliac disease ☐	Dairy/ Lactose intolerance ☐
Crohn's disease ☐	Egg allergy ☐
Phenylketonuria (PKU) ☐	Wheat allergy ☐
Other (Please specify)	
If other please list the foods to be avoided and list of foods that can be used to substitute these. An additional list of food and drinks can be attached to this form.	
Health Care Professional contact details	
Contact Name	Contact Telephone Number

List of foods to be avoided	List of substitute foods

Does your child require any foods to have changes in texture? Yes ☐ No ☐

If yes, please list any foods that need changes in texture and state the changes required

Do you use special dietary products with your child? Yes ☐ No ☐

If yes please give further details

Do you use prescribed dietary products with your child? Yes ☐ No ☐

If yes, can you provide the school catering service with a small amount of prescribed products for use in preparing diet? Yes ☐ No ☐

Please give details of the product and amount

Parent/Guardian Signature: _____

Please print name: _____

Date: _____

To be completed by school office:

Date received by school: _____

Signature: _____

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