

## 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 Part D** Special Diet Medical Form. Please note, special diet medical forms may be signed **only** by a medical consultant, GP or registered dietitian.
- If your child has been deemed eligible and you have received confirmation for a free school meal on the grounds of a special diet requirement, please only complete Part A and Part C of this form.

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
School 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 <input type="checkbox"/>	Nut Allergy <input type="checkbox"/>
Coeliac disease <input type="checkbox"/>	Dairy/ Lactose intolerance <input type="checkbox"/>
Crohn's disease <input type="checkbox"/>	Egg allergy <input type="checkbox"/>
Phenylketonuria (PKU) <input type="checkbox"/>	Wheat allergy <input type="checkbox"/>
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.	
List of foods to be avoided	List of substitute foods

Does your child require any foods to have changes in texture?    Yes <input type="checkbox"/> No <input type="checkbox"/>	
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 <input type="checkbox"/> No <input type="checkbox"/>	
If yes please give further details	
Do you use prescribed dietary products with your child?    Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, can you provide the school catering service with a small amount of prescribed products for use in preparing diet?    Yes <input type="checkbox"/> No <input type="checkbox"/>	
Please give details of the product and amount	
<b>Health Care Professional contact details</b>	
Contact Name	Contact Telephone Number

**Parent/Guardian Signature:** \_\_\_\_\_

**Please print name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**To be completed by school office:**

**Date received by school:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Please print name:** \_\_\_\_\_

**PART D - 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

Please print name: \_\_\_\_\_

cc Parents

cc File