



SPECIAL DIET REQUEST FORM

If your child requires a special diet, you must complete this form. A special diet cannot be started until we receive this form. Each case is considered individually and the information provided helps us decide how best we can support your child. Where appropriate, advice from a dietitian will be sought.

Pupil's Surname: _____ Pupil's Forename: _____

Date of Birth: _____ Pupil's Gender: _____

Full postal address: _____

School/Nursery: _____ Class: _____

Parent/Guardian Name: _____

Full postal address (if different to pupil): _____

Relationship to pupil: _____

Daytime contact telephone number _____

Email address: _____

Reason for special diet:

Additional Support Needs

Ethical reasons

Allergy/Intolerance

Medical condition

Cultural belief Diabetic

Religious belief

Other reason, not listed above (please specify): _____

Does your child have any medical conditions we should know about?

Please highlight all relevant options

Crustacean free

Lupin free

Peanut free

Soya free

Egg free

Milk/Dairy free

Celery free

Sulphite free

Fish free

Mollusc free

Pork free

Wheat only free

Gluten free

Mustard free

Pulses (all) free

Texture modification

Lentil only free

Nut free

Sesame Seed free

Halal*

If allergen not listed above, what substance(s) should be avoided? Please note this should not include foods your child dislikes. _____

Halal*- please provide details: _____

If some foods containing the offending allergen(s) can be included in your child's diet, please say what these foods are, and in what context they can be consumed, for e.g. eggs may be consumed in baking, or milk in puddings.

How would your child be affected if they consumed unsuitable food, for example, an upset stomach, rash, fever, choking? _____

How severe would the impact be if your child was to consume unsuitable food?

Life threatening

Moderate impact

Not known

Severe impact

Mild impact

No physical impact

Does your child / the school hold an Epi-pen? Yes/No

Has this diet been advised by a GP or Consultant? Yes/No

If yes, please provide the details:-

Name: _____

Address: _____

Telephone number: _____

Has this diet been advised by a Dietician? Yes/No

If yes, please provide details:-

Name: _____

Address: _____

Telephone number: _____

Do you use any special dietary products at home?

Are any of these products prescribed?

Please add any additional information you feel may be helpful

I confirm the details provided on this form are correct.

Parent/Guardian Signature: _____ Date: _____