

MEDICAL DIET FORM (DOC 1.)

To be completed by parent/guardian once a Medical Diet Application Form request has been made. This must be supported with a medical note to confirm the special diet and returned with a recent photo.

Pupil Information		Pupils Photo
Child's Full Name		
DOB		
Class/form		
Class/form teacher name		
Name of parent/guardian		
Copy of correspondence received from GP or Dietitian	Yes / No	

14 Major Allergens /Intolerance <small>Circle where applies</small>	Celery / Cereals / Crustaceans / Eggs / Fish / Lupin / Milk / Molluscs / Mustard / Nuts / Peanuts / Sesame Seeds / Soya / Sulphur Dioxide
Other allergen / intolerance <small>Clearly state requirement</small>	
Additional notes	

A copy of this form along with the completed Medical diet menu will be displayed in the kitchen. This form, photo, doctor/dietitian correspondence and menu require updating before the beginning of the new school year in September. Parent/guardian to inform the school/kitchen of any changes to the diet.

Signature Parent/Guardian _____

Print Name _____ Date _____

Signature School Representative _____

Print Name _____ Date _____

Signature of School Catering Representative _____

Print Name _____ Date _____