

Allergens and Special Dietary Requirement Form

To be completed by parent/guardian once a special diet request has been made. This must be supported with a medical note to confirm the special diet for a doctor or dietitian and returned with a recent photo of the child.

Pupil Information		Pupils Photo
Child's Full Name		
DOB		
Class/year group/form		
Class/form teacher name	Portobello Primary School Teacher:	
Name of parent/guardian		
Contact Number		
Email address		
Name & address Doctor/dietitian		
Signed letter from above confirming dietary needs	Yes / No	

Allergen /Intolerance Circle	Celery / Cereals / Crustaceans / Eggs / Fish / Lupin / Milk / Molluscs / Mustard / Nuts / Peanuts / Sesame Seeds / Soya / Sulphur Dioxide
Any other Allergens / Intolerances	
Special dietary Requirements	
Food that must be avoided	

A copy of this form along with the chosen menu will be displayed in the kitchen.

This form, photo, doctor/dietitian correspondence and menu require reviewing for the beginning of the new school year each academic year.

Parent/Guardian are to inform the school/kitchen of any changes to the diet.

Signature Parent/Guardian Print Name

Signature School Representative Print Name

Signature of Unit Manager Print Name

Signature of Area Supervisor Print Name

Date