



Food Allergy or Special Dietary Request Form

If your child has a food allergy or a special dietary request, please complete this form. If your child would normally have a packed lunch, we would appreciate it if you would also complete the form for our records

Childs Name..... Date of Birth Class/Form.....

Please specify type of allergen/dietary request:

Please note: it is recommended that parent/carers supply a medical/dieticians letter to support the special diet requirements as self-diagnosed or personal food preferences are not able to be accommodated.

Medical:	e.g. Nut/Gluten Allergy	
Religious	e.g. Muslim	
Ethical	e.g. Vegetarian eats (no meat or fish)	

Emergency Procedures Does your child carry an Epi Pen? **Yes** **No**

Medical letter attached **Yes** **No** Please attach any other relevant information

Please print specific details to identify food that your child is not allowed to eat

Non suitable foods	Suitable or substitute foods

Signature parent/carer..... Print name Date.....

Please contact the school kitchen on 01434 606633 to discuss your child’s dietary needs with the Catering manager.

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Office use only

School office this information has been recorded on the school system

A copy of this form with the medical letter/ additional information forwarded to the kitchen.

Signature Print name Date.....

Catering department this information has been recorded on the child’s cashless account

Catering manager

Signature Print name..... Date.....