



SPECIAL DIET REQUEST FORM



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|---------------------|--|--------------|--|
| Child's Name | | Class | |
|---------------------|--|--------------|--|

Please specify type of diet requested

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|---|--|
| Medical (eg Nut/Gluten Allergy) | |
| Religious (eg Halal, Hindu) | |
| Ethical (eg vegetarian=eats no meat or fish) | |

Please print specific details. Identify the food(s) that your child is/is not allowed to eat.

| Non-suitable Foods | Suitable or Substitute Foods |
|---------------------------|-------------------------------------|
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DOES YOUR CHILD HAVE A SIGNIFICANT OR LIFE THREATENING FOOD ALLERGY?

Please circle: YES / NO

The following is required for medical diets only and should be copied by the school representative (who signs below) from the pupil's Care and Treatment Plan. NB This is essential to avoid misinterpretation.

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|---|--------------------------------------|
| EMERGENCY PROCEDURES FOR USE OF A PRELOADED ADRENALIN INJECTION | Details: (school to complete) |
| WHERE IS THE PRELOADED ADRENALIN INJECTION LOCATED? | |
| ADMINISTERED BY WHOM? | |
| LOCAL ARRANGEMENTS FOR IDENTIFICATION OF CHILD AGREED AND EMERGENCY PROCEDURE IN PLACE | Details: (school to complete) |

| | | |
|---|--|--------------|
| Signature: <i>Parent</i> | Print name: <i>Parent</i> | Date: |
| Signature: <i>School Representative</i> | Print name: <i>School Representative</i> | Date: |
| Signature: <i>Innovate Representative</i> | Print name: <i>Innovate Representative</i> | Date: |

This form will be held with your child's records within the school office and a copy passed to Innovate, the school caterer.

