

## Admission Form D

### Request for Special Diet

This form is for parent/guardian to complete if their child has a special or medically prescribed dietary requirement. The information provided will be used to inform the School (including Home Economics department) and School Caterers when providing meals for a child.

#### Section 1: Details of Pupil      School Name: \_\_\_\_\_

Surname: .....

Forenames: .....

Address: .....

..... Postcode: .....

Male/Female: ..... Date of Birth: ..... Class/Form: .....

Special Dietary Requirement

.....  
.....

#### Section 2: Parent/Carer Contact Details

Name: ..... Daytime Tel. No.: .....

E-mail address .....

Relationship to pupil:

.....

Address:

.....

..... Postcode: .....

Signed: ..... Date: .....

Written details from a Medical Practitioner/Dietician may be required to ensure that the Catering Service can safely meet the needs of your child, and provide optimal nutrition without undue over-restriction.

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### Section 3: Medical Details

This section is to be completed and signed by your Doctor/Dietitian/Speech and Language Therapist/Paediatric Specialist Nurse.

*I understand that by providing these details I accept the School Catering Service can make contact for further information.*

Detail of special / medically prescribed dietary requirement confirmed by one of the below.

.....  
.....

Doctor/Dietitian /Speech and Language Therapist/Paediatric Specialist Nurse

.....

Address: .....

.....

Contact No: .....

Signed: ..... Date: .....

## Admission Form D

**Pupil Name:** .....

**School:** .....

**Class:** .....

### **SPECIAL DIETARY REQUIREMENT / FOOD ALLERGIES**

The School Catering Service, and other school departments are committed to making provision for medically prescribed diets, children with special educational needs which affect their diet, children requiring vegetarian options and children with religious or cultural restrictions. The following questions will help inform the School about how your child can best be supported.

Please complete the appropriate sections as necessary and **name** each one as they may be separated to go to the relevant staff / departments.

#### **Section A**

Does your child have a **medically prescribed** dietary requirement? **YES / NO**

If you have ticked **YES**, please indicate the specific dietary requirement/s your child has.

.....

Do you use any special dietary products with your child? **YES / NO**

If **YES**, please give details: .....

.....

Which of these products are prescribed?

.....

Do you have a prescribed diet plan for your child? **YES / NO**

If **YES**, who provides this for your child? Please provide contact details.

.....

Is your child prescribed allergy medication/s? **YES / NO**

If **YES**, please specify, e.g., Epipen, Piriton, other. ....

Can your child self-administer their medication? **YES / NO**

**Please note** – It is the responsibility of parents/carers and their child to ensure that this information is up to date and the School is aware of any Special Dietary requirements.

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**Pupil Name:** .....

**School:** .....

**Class:** .....

### SECTION A – ALLERGY DETAIL

The following information is required by the School Catering Service, the Home Economics department, and may be needed by staff teaching other curricular areas.

**Please provide as much detail as possible.**

Foodstuff	Can be eaten?	Can be touched?	Can be in the room?	Possible symptoms of reaction	Action to be taken
Milk/Dairy					
Gluten – Coeliac Please specify					
Wheat – Non-Coeliac Please specify					
Egg					
Peanuts					
Sesame seeds					
Soya					
Fish					
Crustaceans/Molluscs					
Mustard					
Celery					
Lupins					
Sulphites					
Vegetables – Please specify					
Fruit – Please specify					
Pulses – Please specify					
Other – Please specify					

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**Pupil Name:** .....

**School:** .....

**Class:** .....

### **SECTION B**

Does your child have a **support need** that affects their eating? **YES / NO**

If you have ticked **YES**, please answer the following questions.

**If NO, go to Section C.**

1. Please indicate the need from the list below -

- a. Texture / Consistency modification
- b. Limited food range
- c. Reading menu
- d. Help with eating/drinking
- e. Help with food selection

2. Any other requirements? Please give details -

3. What dietary modification do you follow at home? Please give details -

Please provide further information that would be helpful.

### **SECTION C**

Does your child have a **religious need** that may require modified food products?  
**YES / NO**

If Yes, please indicate which products require substitution / omission.

Please provide further information that would be helpful.

## Education & Children's Service

Our Ref:

Your Ref:

Please ask for:

Direct Dial:

E-mail:

Date

Address

Dear Parent/Carer

### **SPECIAL DIETARY REQUIREMENTS**

Thank you for providing information regarding the dietary requirement for your child by completing and returning the enclosed form. To ensure that your child's dietary requirement can be safely met through the School and School Meals Service it may be helpful for School or School Catering staff to contact your dietician/GP/private practitioner for further advice.

I would therefore be grateful if you would complete the attached form to enable this to take place.

Yours sincerely