

Special Diet Application Form

If your child requires a special diet, please fully complete this form and return to the school office.
Please note-

- If your child requires a special diet for religious or cultural reasons or because they are vegetarian or vegan, please fully complete Part A and Part B of this form.
- If your child requires a special diet for medical/ health reasons, please complete Part A and Part C of this form, **in addition Part D** Special Diet Medical Form. Please note, special diet medical forms may be signed **only** by a medical consultant, GP or registered dietitian.
- If your child has been deemed eligible and you have received confirmation for a free school meal on the grounds of a special diet requirement, please only complete Part A and Part C of this form.

Incomplete forms will not be accepted and will be returned to parent/guardians for completion. This may result in a delay in your child receiving a special diet.

PLEASE NOTE- The school catering service will accommodate specific dietary needs from existing menus and ingredient range, therefore a child with a special dietary need may not always get a choice of dishes. If any specialist dietary preparations and prescription foods are required these will need to be supplied by the child's parent/guardian. The set price for school meals will remain the same in these circumstances.

PART A- CONTACT DETAILS

Pupil details	
Pupil's Name	Date of birth
School details	
School	
School Address	
Parent/Guardian's details	
Contact Name	Contact daytime telephone number
Contact address	

PART B- RELIGIOUS, CULTURAL OR VEGETARIAN/VEGAN DIET REQUIREMENT

Cultural, religious, vegetarian or vegan diet	
Please specify the type of diet required:	
Please list the foods to be avoided and list the foods that can be used as a substitute	
List of foods to be avoided	List of substitute foods
Other relevant information	

PART C- MEDICALLY PRESCRIBED DIET REQUIREMENT

Medically prescribed diet	
Please indicate the type of medical condition the special diet is to be provided for (please tick all boxes that apply)	
Diabetes <input type="checkbox"/>	Nut Allergy <input type="checkbox"/>
Coeliac disease <input type="checkbox"/>	Dairy/ Lactose intolerance <input type="checkbox"/>
Crohn's disease <input type="checkbox"/>	Egg allergy <input type="checkbox"/>
Phenylketonuria (PKU) <input type="checkbox"/>	Wheat allergy <input type="checkbox"/>
Other (Please specify)	
If other please list the foods to be avoided and list of foods that can be used to substitute these. An additional list of food and drinks can be attached to this form.	
List of foods to be avoided	List of substitute foods

Does your child require any foods to have changes in texture? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, please list any foods that need changes in texture and state the changes required	
Do you use special dietary products with your child? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes please give further details	
Do you use prescribed dietary products with your child? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, can you provide the school catering service with a small amount of prescribed products for use in preparing diet? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Please give details of the product and amount	
Health Care Professional contact details	
Contact Name	Contact Telephone Number

Parent/Guardian Signature: _____

Please print name: _____

Date: _____

To be completed by school office:

Date received by school: _____

Signature: _____

Please print name: _____

PART D - Special Diet Medical Form

Private and Confidential

TO BE RETURNED TO SCHOOL PRINCIPAL

Date: _____

Dear: _____

RE: (Child's name) _____

DOB: _____ H&C No: _____

I would like to confirm that the above child requires special diet provision.

Diet required:

His/her parents/guardians have received written dietary advice.

Any other additional relevant information

He/she will/will not continue to be reviewed by the Consultant/ General Practitioner/ Paediatric dietitian.

Yours faithfully

Consultant/ General Practitioner/ Paediatric dietitian

Please print name: _____

cc Parents

cc File

Special Diet Checklist

	Checklist for Catering Service	Yes /No
1.	Has the special diet application pack been received from the school office?	
2.	Has the special diet application pack been completed in full?	
3.	Has the school arranged a meeting between the school, the Parent/ Guardian and the School Catering and informed of a date to discuss the provision of special diet?	
4.	<p>Has the meeting taken place and special diet meeting outcome form been completed if applicable?</p> <ul style="list-style-type: none"> - Explanation of roles and responsibilities. - Parents/guardians to discuss details of specific requirements of the child. - Catering to explain food safety management procedures for preparation of special dietary meals. - School catering service and parents/guardians agree upon menu based on current main menu. - Actions and limitations agreed regarding school food provision. - Procedure for provision of prescription dietary products by parent/guardian to school catering service if appropriate. 	
5.	Has a start date been agreed for provision of special diet?	
6.	Has the special diet meeting outcome form been signed by - School Principal/ designated member of staff Parent/ Guardian School catering service	
7.	Has School provided catering service and parent/guardian with copy of completed special diet meeting outcome form?	
8.	Has a protocol for the how pupil will be identified to receive a special diet been agreed? e.g. through use of a photograph in school kitchen	
9.	Do you have a copy of the completed special diet application form and medical form?	
10.	Has the school informed you of any changes from the original special diet application? Parent/Guardian to inform the School of any changes to the pupil's requirements.	

Special Diet Meeting Outcomes

Date of meeting: _____

Pupil's name: _____ D.O.B. _____ Year/Class: _____

Attendees at meeting:

_____	_____
_____	_____
_____	_____

Details of special diet required: _____

Written information has been provided to confirm pupil's need for a special diet

The following actions have been agreed following this meeting regarding school food provision:

-
-
-
-

Parents will notify school staff if any changes are required to the pupil's special diet due to medical reasons.

START DATE _____

Signed

_____ (School Principal/ designated member of staff)

_____ (Parent/ Guardian)

_____ (School catering service)