

**SPECIAL DIETARY REQUEST FORM**

Name of School	
Date	
Pupil Name	
Date of Birth	
Parents Name	
Contact Number for Parent	
Type of Allergy / Diet	
Consequence of ingesting foods allergic to	
Action to be taken if allergic reaction is suspected	
Dietary Requirements	
Parent/Guardian Contacted	DATE .....
Doctor/Hospital/Health Authority	
Information from Parent	..... ..... ..... .....
Information from Dietician	..... ..... ..... ..... ..... .....

<p>Information for Cook</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	<p>Commencement Date for Diet</p>	<p>Although procedures will be followed within kitchens for the preparation and service of foods, we cannot guarantee that foods are allergen free</p> <p>Similarly where meals are transported to Dining Centres cross contamination may occur beyond our control</p>	<p>Signatures</p> <p>.....</p> <p>Headteacher</p> <p>.....</p> <p>Dietician</p> <p>.....</p> <p>Parent/Guardian</p>	<p>New Menu Update</p> <p>New menu sent to parent/carer Date .....</p> <p>Approval Received from Parent Date .....</p> <p>New menu sent to parent/carer Date .....</p> <p>Approval Received from Parent Date .....</p>
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