*This form is to be completed by the parent / guardian once a special diet menu is required and sent to the Catering Manager*

**SPECIAL DIET REQUEST FORM**

*To ensure ultimate transparency this request form must be supported with medical correspondence or the request will not be processed. Parents / guardians should attach an up to date photograph of their child to help with identification. All information will be kept strictly confidential.*

|  |
| --- |
| **PUPIL INFORMATION** |
| Pupil Name: |  |
| Year Group: |  |
| Allergies / Intolerances: |  |
| In addition please state if your child has any religious dietary requirements; |  |
| **PARENT INFORMATION** |
| Parent / Guardian name: |  |
| Contact Telephone:  |  |
| **SCHOOL KITCHEN INFORMATION:** |
| Catering Manager: |  |
| Contact Telephone: |  |
| Business Manager: |  |
| Date Requested: |  |

**SPECIAL DIET MENU APPROVAL**

*Once a proposed menu is received the parent / guardian should sign & date below to confirm approval of menu:*

PRINT:

*Please attach a photograph of your child alternative a copy can be emailed.*

SIGN:

DATE: