**MEDICAL DIET – PRIMARY SCHOOL MEALS REQUEST FORM**

Only complete this form if your child needs a medical diet for a medical reason

**PART A** Please complete all sections in CAPITAL LETTERS

**CHILD’S DETAILS**

Child’s Name ………………………………………………………………………………………………….……………….

Date of Birth ……………………………...…… Male □ Female □

Address …………………………………………………………………………………………………………………………… ………………………………………………………………………………… Postcode ……………………….……………

To identify your child, it would help if the school kitchen had a photo of them. Please tick the box to confirm that you are giving consent for a photo to be displayed in the school kitchen

**PARENT/CARER’S DETAILS**

Name …………………………………………………………. Phone Number ………………………………….…….

Email Address ……..………………………………………………………………………………..………….…………….

In making this request for a medical diet menu, I acknowledge that whilst employees of Desford Community Primary School will make every reasonable effort to comply with my child’s dietary requirements, this is not always possible because of manufacturers’ variations to food items, which are outside our control.

Signed ………………………………………………………………..…….. Date……………………………….….........

**SCHOOL DETAILS**

Name and Address of School ……………………………………………………………...………………………….. …………………………………………………………………………………………………………………….………………….

**DIETARY DETAILS**

Details of Special Dietary Requirements ………………………………………………………………….……… ………………………………………………………………………………………………………………………………………..

As well as requiring a medical diet menu, is your child also following a: (please tick all that apply) Vegetarian Diet □ Meat Free Diet □ Beef Free Diet □ Pork Free Diet □

**PART B** PLEASE NOTE: this form MUST BE SIGNED BY A HEALTH PROFESSIONAL e.g. Doctor, Consultant, Dietitian, School Nurse, Practice Nurse, Speech & Language Therapist

**HEALTH PROFESSIONAL’S DETAILS**

Name …………………………………………………………. Signature ………………………………………………. Address…………………………………………………………...……………………………………………………………… ………………………………………………………………………………………………………………………………………...

**Office Use Only**

**Arbor Date……………………………..**

**Dinner Spread Sheet Date……………………………….**