



## **Special Diets**

Dear Parent / Guardian,

Special diets are an extremely important part of our catering provision and the safety of your child is our number one priority. We are constantly checking to ensure our special diet procedure is working, giving you reassurance that your child with medically diagnosed allergies or intolerances can eat safely with us.

To request a Medical diet, please fill in the attached form

Medical correspondence confirming the allergy/intolerance is required to ensure safety of your child by providing complete transparency of their food allergies or intolerances between all parties involved. It also gives us an indication of tolerance levels and possible reactions to look out for.

**A special menu will be written to run alongside the school menu only once a medical letter has been received.**

This will be sent to you the parent/guardian to confirm that it is correct before we can cater for your child.

We would need this information provided 3 weeks before a menu change (which is usually at the start of September term and after the February half term).

**No menus will be written without a medical letter** instead we will provide the parent with a copy of the school menu and allergen menu containing the \*14 allergens, they can use this to discuss with the pupil which choice they will choose each day.

A parent will be responsible for keeping the special diet information up to date with the school and no changes will be made to our provision without an updated medical letter and form being received from the school to pass on to catering.

To request a Religious diet, please fill in the attached form

**Special Diet Procedure Request Form**

**1. Child's Details:**

Forename: \_\_\_\_\_ Surname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male / Female: (*pls circle*) Class: \_\_\_\_\_

Date of admission: \_\_\_\_\_

**2. Parent/Guardian Details:**

Parent/ Guardian full name: \_\_\_\_\_

Family address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Contact Phone Number(s): \_\_\_\_\_

**3. Religious Belief diet:**

<i>Tick all appropriate</i>	<b>Specifics</b>	<b>Description / Additional Information</b>	<b>Alternative Options (<i>please circle</i>)</b>
	<b>Halal</b>	When Halal is not available please indicate right which alternative is to be provided	<b>Vegetarian (no fish)</b>
	<b>No Beef</b>		<b>Pescatarian</b>
	<b>No Pork</b>		
	<b>Pescatarian</b>	Vegetarian with dairy, eggs and fish options	
	<b>Vegetarian</b>	with dairy, eggs and honey	
	<b>Vegan</b>	No animal-based by products	

**4. Special Medical Diet:** A signed copy of a letter from Dietician/ Doctor or Health Professional confirming allergy or medical condition requirement must be provided. **Letter attached:** Yes / No (*please circle*)

<b>Allergen / Intolerance</b>	<i>Tick all appropriate</i>	<b>Allergen / Intolerance</b>	<i>Tick all appropriate</i>
Tree Nut		Milk ( <i>specify if only cow's milk below</i> )	
Soya Bean		Lupin ( <i>found in Flour</i> )	
Sesame		Fish	
Peanut		Eggs	
Mustard		Crustaceans ( <i>shellfish</i> )	
Molluscs		Cereal: wheat, Barley, Oat Rye	
Sulphite ( <i>food preservative</i> )		Celery	

If your child has an allergy/ intolerance not listed above please provide as much detail as possible below

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Parent/ Guardian's Signature: \_\_\_\_\_

Date: \_\_\_\_\_