

## SPECIAL DIET/FOOD ALLERGY REQUEST FORM (For Special Dietary requirements)

### CHILD DETAILS

Child's Name ..... Date of Birth .....  
 Male / Female ..... Class/Form.....

### PARENT/CARER DETAILS

Contact Name.....  
 Address.....  
 .....Post Code .....  
 Contact Phone Number.....

### MEDICAL DETAILS

Name of Doctor/Dietician or Contact Health Professional  
 .....  
 SIGNED Letter from Doctor/Dietician or Health Professional confirming Allergy / Medical Requirement  
 YES/NO (Please note this referral must have a signed letter)

### DETAILS OF SPECIAL/MEDICAL REQUIREMENT REQUESTED

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ALLERGEN	ALLERGY/INTOLERANCE (TICK)	ALLERGEN	ALLERGY/INTOLERANCE (TICK)
Yeast		Milk	
Wheat		Lupin (legume – found in flour)	
TreeNut		Fish	
Soya bean		Eggs	
Sesame		Crustaceans (shellfish)	
Peanut (legumes)		Cereal	
Mustard		Celery	
Molluscs (shells)		Sulphite (food preservative)	

Parent/Carer Signature..... Print Name.....  
 School Representative signature..... Print Name.....

This form should be held with the pupil's individual treatment plan in the school office and a copy given to all parties who have signed the form.

