

## **SPECIAL DIETARY REQUIREMENTS**

### **MEDICAL EVIDENCE**

If you do not yet have any confirmation from your doctor regarding your child's condition, please:

1. Complete and check Part A of this form.
2. Arrange for Part B to be completed by either your GP, a Medical Consultant, or a Registered Dietitian.
3. Please upload this fully completed and signed form with your online Special Diet Menu Application. This can be done by scanning the form or by taking a photo of the form. Please ensure that you capture ALL the details.

#### **Part A: To be completed by the Parent/Guardian**

Child's name:

Date of birth:

School name:

Postcode:

Your address:

Your email address:

Your telephone number:

#### **Medically Prescribed Diet:**

**Part B: To be completed by Doctor/Registered Dietitian**

I confirm that  
has an allergy/intolerance to  
and will require an appropriately modified school lunch.  
Symptoms and medication include:

Part B: For  
Doctor's Stamp

Signature:

Doctor

Dietician

Name:

Address:

Telephone number: