

# Special Dietary Requirements Medical Evidence



Excellence in Education Catering

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: For Doctor's Stamp:

## 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:

Signature:

Name:

Doctor  Dietitian

Address:

Telephone number: