



**Pupil Dietary/Food Allergy Request Form—EC46**

This form is for parents to complete if your child has a special dietary requirement. The information provided will be used to inform the School and School Caterers when providing meals for your child. Please return to the school office to start the registration process.

**School Name:**

**Section 1: Details of Pupil**

Surname: ..... Forenames: .....

Address: .....

..... Postcode:.....

Male/Female: ..... Date of Birth ..... Class/Form .....

Special Dietary/Medical Requirement

.....

**Section 2: Contact Details**

Name: ..... Daytime Tel. No.: ..... Mobile Tel. No: .....

Relationship to pupil: .....

Address: .....

.....

**Section 3: Medical Details**

It is recommended that parents/carers supply a medical/dieticians letter to support the special diet requirements as self-diagnosed or personal food preference choices are not able to be accommodated

Address:

.....

Contact No:.....

Signed: ..... Date: .....

Medical letter attached



Yes