



**NEIGHBOURHOODS**  
**FACILITIES MANAGEMENT – CATERING**  
**PUPIL SPECIAL DIET REQUEST FORM**

This request form must be completed by the parent or legal guardian of any child requiring any special medically prescribed diet lunch either as directed by the parent or legal guardian or Dietitian. The completed form must be submitted with an Allergen Diet Sheet from your GP or dietician. The Allergen Diet sheet must provide the exact dietary requirements, clearly identifying specific food items to be avoided. Then both parts should be given to the school Head or Bursar, who will forward to Facilities Management Kitchen Supervisor for action.

Facilities Management will only provide special diets on the production of a special sheet from the child's dietician or doctor. Any special dietary preparations e.g. gluten free and diabetic products must be supplied by the parent before lunchtime.

Facilities Management can provide for all dietary requirements.

School: \_\_\_\_\_

Name of Pupil: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Class Teacher: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Name and contact details  
of Dietician/Doctor: \_\_\_\_\_

**Please specify ALL allergies:**

Celery	Yes/No
Cereals containing gluten	Yes/No
Eggs	Yes/No
Fish	Yes/No
Lupin	Yes/No
Milk	Yes/No
Mustard	Yes/No
Nuts	Yes/No
Peanuts	Yes/No
Sesame Seeds	Yes/No
Soya	Yes/No
Sulphites	Yes/No
Crustaceans/Molluscs	Yes/No

Any other allergies or dietary requirements

\_\_\_\_\_

Parent/Carer Name: \_\_\_\_\_

Parent/Carer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ADMIN TICK TO CONFIRM KITCHEN HAS BEEN INFORMED:**