

Primary Schools Special Diet request form for medically prescribed diets

Please complete this form if your child requires a medically prescribed diet. **Section A** needs to be completed by the parent/guardian of the child. **Section B** needs to be completed by a medical professional.

To protect the health of your child please continue to supply a packed lunch until a menu is in place and a start date has been confirmed with the catering team (please allow up to three weeks for the menu to be arranged).

SECTION A – TO BE COMPLETED BY PARENT/GUARDIAN

Child's details

Full name: _____ Date of Birth: _____
 School: _____
 Details of allergy/intolerance/medical condition (including brief description of symptoms): _____

Please indicate the menu required*:

| | | | |
|--------------|--|----------------------------------|--|
| Gluten free | | Nut free | |
| Egg free | | Peanut free | |
| Fish free | | Soya free | |
| Milk free | | Diabetic (Carbohydrate Counting) | |
| Other foods* | | | |

*self-diagnosed allergy or intolerance and personal food preference choices cannot be accommodated

Parent/guardian details

Name: _____ Relationship to pupil: _____
 Contact address: _____
 Telephone contact: _____ Email address: _____

Please confirm that you agree to our Catering Dietitian discussing diagnosed allergy/medical condition with other health professionals as required, by signing below.

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To identify your child it would help if the kitchen had a photo of your child. Please supply a current photograph of the child for the school catering team.

SECTION B – TO BE COMPLETED BY MEDICAL PROFESSIONAL (e.g. GP, Doctor, Dietitian)

Please note: we cannot process this form or provide a menu without the support of the child's health team. Please ask your child's GP/Dietitian/Health Professional to sign where indicated below or supply a recent letter confirming the diagnosis and required diet.

Medical referral

I can confirm that this child needs to exclude the foods indicated above.

This is due to

Name of Dietitian/Doctor:

Practice/Surgery/Hospital:

Any further clarification/details on the special dietary requirement:

Medical professional signature:
(unless accompanied by a recent letter)

Please complete both sides of the form and post or email to the address given below.

Special Diet Request
Torfaen Catering
Croesyceiliog C.E.C.
The Highway
Cwmbran
NP44 2HF

Via email to: specialdietrequest@torfaen.gov.uk

This document is confidential and will be securely stored. The information will not be shared with any other organisation and will only be used for the purpose of providing meals for children with special dietary requirements. A copy of your child's menu and current photograph will be kept in the school kitchen.

Please note that special diets are catered for differently at Secondary School.

Please contact the office for further details before your child commences at Secondary School or if your child changes Primary School.