



Allergens Parent Pack

Special Dietary Needs Form

This must be completed by a parent/guardian once a special diet request has been made.
This must be supported with a medical note to confirm the special diet.

Checklist

Complete this form

Include a recent photo of the child (unless school already have one)

Include a medical note from the child's doctor or dietician

Pupil Information

Full Name	
Date of Birth	
Year	
Class	
Name of Parent/Guardian	

Allergy / Intolerance Information

Allergy / Intolerance Details:
Symptoms:
Daily Care Requirements: