

## Request for Special Diet

<b>Details of child or young person with special dietary needs</b>	
<b>Name:</b>	<b>D.O.B.:</b>
<b>School/Pre-five centre:</b>	
<b>Name of parent/guardian:</b>	
<b>Address:</b>	<b>Tel No:</b>
<b>Specific nature of dietary requirements:</b>	
<b>Involvement of State Registered Dietician?</b> <span style="float: right;">Yes No</span> <b>If yes, details:</b>	
<b>Is staff training required?</b> <span style="float: right;">Yes No</span> <b>If yes, details:</b>	
<b>Signature of Parent/ Carer</b>	<b>Date:</b>

**Please return completed form with any other relevant information to:**

**Catering Manager/Head Teacher**

**Photo for pre-five/primary pupil**

**For Office Use Only**

Copy of form to Catering Services Manager	YES	NO	
Signed: Headteacher			Date: