

Special Dietary Requirement Request Form

Please photocopy this form as required.

If your child has any special dietary requirements, please complete the form below and return it to:

..... at the School, as soon as possible.

Parent/Guardian contact information	
Name:	Date of Birth:
Address:	
Postcode:	
Contact telephone number:	
Day contact number:	
Evening contact number:	
Mobile number:	
Name of child who has special dietary requirements:	
Year/Class of child (if known):	
(i) Dietary information	
Is this request for special dietary requirements the result of: (please tick)	
Medical diagnosis ☐	Personal preference ☐
Details of dietary requirements:	
(ii) Allergy/Intolerance (where applicable)	
Details of known allergy:	
Diagnosed by:	

Please attach a letter from the practitioner detailing the condition along with any diet/information sheet received.