

## Special Diet Application Form

If your child requires a special diet, please fully complete this form and return to the school office.  
Please note-

- If your child requires a special diet for religious or cultural reasons or because they are vegetarian or vegan, please fully complete Part A and Part B of this form.
- If your child requires a special diet for medical/ health reasons, please complete Part A and Part C of this form, **in addition to** a Special Diet Medical Form. Please note, special diet medical forms may be signed **only** by a medical consultant, GP or registered dietitian.

Incomplete forms will not be accepted and will be returned to parent/guardians for completion. This may result in a delay in your child receiving a special diet.

**PLEASE NOTE-** The school catering service will accommodate specific dietary needs from existing menus and ingredient range, therefore a child with a special dietary need may not always get a choice of dishes. If any specialist dietary preparations and prescription foods are required these will need to be supplied by the child's parent/guardian. The set price for school meals will remain the same in these circumstances.

### PART A- CONTACT DETAILS

Pupil details	
Pupil's Name	Date of birth
School details	
School	
School Address	
Parent/Guardian's details	
Contact Name	Contact daytime telephone number
Contact address	

## PART B- RELIGIOUS, CULTURAL OR VEGETARIAN/VEGAN DIET REQUIREMENT

Cultural, religious, vegetarian or vegan diet	
Please specify the type of diet required:	
Please list the foods to be avoided and list the foods that can be used as a substitute	
List of foods to be avoided	List of substitute foods
Other relevant information	

## PART C- MEDICALLY PRESCRIBED DIET REQUIREMENT

Medically prescribed diet	
Please indicate the type of medical condition the special diet is to be provided for (please tick all boxes that apply)	
Diabetes <input type="checkbox"/>	Nut Allergy <input type="checkbox"/>
Coeliac disease <input type="checkbox"/>	Dairy/ Lactose intolerance <input type="checkbox"/>
Crohn's disease <input type="checkbox"/>	Egg allergy <input type="checkbox"/>
Phenylketonuria (PKU) <input type="checkbox"/>	Wheat allergy <input type="checkbox"/>
Other (Please specify)	
If other please list the foods to be avoided and list of foods that can be used to substitute these. An additional list of food and drinks can be attached to this form.	
Health Care Professional contact details	
Contact Name	Contact Telephone Number

List of foods to be avoided	List of substitute foods
Does your child require any foods to have changes in texture? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, please list any foods that need changes in texture and state the changes required	
Do you use special dietary products with your child? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes please give further details	
Do you use prescribed dietary products with your child? Yes <input type="checkbox"/> No <input type="checkbox"/>	
<p>If yes, can you provide the school catering service with a small amount of prescribed products for use in preparing diet? Yes <input type="checkbox"/> <input type="checkbox"/></p> <p>Please give details of the product and amount</p>	

**Parent/Guardian Signature:** \_\_\_\_\_

**Please print name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**To be completed by school office:**

**Date received by school:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

# Special Diet Medical Form

Private and Confidential

**TO BE RETURNED TO SCHOOL PRINCIPAL**

Date: \_\_\_\_\_

Dear: \_\_\_\_\_

RE: (Child's name) \_\_\_\_\_

DOB: \_\_\_\_\_ H&C No: \_\_\_\_\_

I would like to confirm that the above child requires special diet provision.

**Diet required:**

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His/her parents/guardians have received written dietary advice.

**Any other additional relevant information**

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He/she will/will not continue to be reviewed by the Consultant/ General Practitioner/ Paediatric dietitian.

Yours faithfully

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Consultant/ General Practitioner/ Paediatric dietitian

cc Parents

cc File

## Example Qualitative Risk Assessment

School		Activity	Pupils requiring a medically prescribed diets.	Review Date:	
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Assessment completed by:					
Name:		Date:		Signature:	

Hazard	Persons Exposed and How	Current Controls	Further Action Necessary	Action by Whom	Action by When	Completed
<b>Pupils with medically prescribed diets</b>  Inadvertent contact  Staff not aware of pupil's dietary requirements	Pupil Allergic reaction	Parents are asked in writing at the beginning of each school year to notify the school of any special diet requirements their children have by completing Special Diet Application and Medical Forms. Principal shares information with School Catering Service (SCS).	Personal emergency care plan in place for each child who suffers from allergies.			
		Meeting between Parent, Principal and Catering Representative. Dietary requirements, possible limitations and risks, food preparation and provision all discussed with agreed outcomes and action plan.	The child's reaction to contact with this food may be so severe that they may require staff to administer medication.			

Hazard	Persons Exposed and How	Current Controls	Further Action Necessary	Action by Whom	Action by When	Completed
		<p>All staff are aware of the pupil's requirements and monitors the situation accordingly.</p> <p>SCS to take appropriate action to avoid the use of allergenic food in the kitchen.</p> <p>Other school food outlets (breakfast club, tuck shop, afterschool club) to undertake the same actions.</p>	<p>Staff are fully trained in administering medication and have written consent of parents before doing so.</p>			
		<p>A letter sent home to all parents informing them that a child at the school suffers a food allergy and that the particular food should not be sent to school in packed lunches, snacks, birthday cakes etc.</p>	<p>Staff undergo annual training in the use of adrenaline auto injectors if necessary.</p>			
		<p>At lunchtime, agreed protocol used for checking that correct pupil is receiving correct school meal (pupil wears wristband).</p>				
		<p>Pupils aware that they cannot share food with peers with medically prescribed diets.</p>				
		<p>Review of all special diet requirements performed annually.</p>				

Further information on risk assessment and blank risk assessment forms can be accessed at the following link <https://www.eani.org.uk/school-management/health-safety>