



Department of Education Sport & Culture

Specialised Dietary Requirements

School Meals Request From

Please complete in **BLOCK CAPITALS** and in **Black ink**.

Please note: This form **must** be authorised by a Health Professional and a copy will be sent to Head Teacher.

Childs Details

Childs Name:
Date of Birth:
Address:
Post Code:

Parent/Guardian Details

Contact Name:
Contact Address:
Post Code:
Contact Phone Number:

In making this request for a medical diet, I acknowledge that whilst employees of the Department of Education Sport and Culture will make every reasonable effort to comply with my child's dietary requirements, this is not always possible because of manufacturers' variations to food items and avoidance of cross contamination within a school meals kitchen environment.

Signed Parent/Guardian	Date:
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School Details

Name of School:
School Address:
Post Code:

Dietary Details

Details of Special Dietary Requirements:		
Diet Sheet Attached?	Yes:	No:

If **No**, please give further details/action points below. If **yes**, use this space to add further comments.

Name of Dietician or Contact Health Professional:		
Signature:		
Address:		
Post Code:		
Telephone Number:		

Please return this form to: The Primary School Meals Catering Manager, Department of Education, Sports and Culture, Thie Slieau Whallian, Foxdale Road, St Johns, IM4 3AS