

Special Dietary Request Form

Name of School	
Date	
Pupil Name	
Pupil Date of Birth	
Parents Name	
Contact Number for Parent	
Type of Allergy/ Diet	
Consequence of ingesting foods allergic to	
Action to be taken if allergic reaction is suspected	
Dietary Requirements	
Parent/Guardian Contacted	DATE
Doctor/Hospital/ Health Authority	
Information from Parent	
Information from Dietician	
Information for cook	
Commencement Date for Diet	
Disclaimer	<p>Although procedures will be followed within kitchens for the preparation and service of foods, we cannot guarantee that foods are all allergen free.</p> <p>Similarly where meals are transported to dining centres cross contamination may occur beyond our control.</p>
Signatures	<p>..... Principal</p> <p>..... Dietician</p> <p>..... Parent/ Guardian</p>
New Menu Update	<p>New menu sent to parent/carer Date.....</p> <p>Approval Received from Parent Date.....</p> <p>New Menu Sent to Parent/Carer Date.....</p> <p>Approval Received from Parent</p>