**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 | Nut Allergy |
| Coeliac disease | Dairy/ Lactose intolerance |
| Crohn’s disease | Egg allergy |
| **Phenylketonuria (PKU)** | Wheat allergy |
| 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 No | |
| 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 No | |
| If yes please give further details | |
| Do you use prescribed dietary products with your child? Yes No | |
| If yes, can you provide the school catering service with a small amount of prescribed products for use in preparing diet? Yes No  Please give details of the product and amount | |

**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:**

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

**Any other additional relevant information**

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

**Yours faithfully**

**Consultant/ General Practitioner/ Paediatric dietitian**

**cc Parents**

**cc File**

**Example Qualitative Risk Assessment**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **School** |  | **Activity** | Pupils requiring a medically prescribed diets. | **Review Date:** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Assessment completed by:** | | | | | |
| **Name:** |  | **Date:** |  | **Signature:** |  |

| **Hazard** | **Persons Exposed and**  **How** | **Current Controls** | **Further Action Necessary** | **Action by Whom** | **Action by When** | **Completed** |
| --- | --- | --- | --- | --- | --- | --- |
|
| **Pupils with medically prescribed diets**  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. |  |  |  |
|  |  | All staff are aware of the pupil’s requirements and monitors the situation accordingly.  SCS to take appropriate action to avoid the use of allergenic food in the kitchen.  Other school food outlets (breakfast club, tuck shop, afterschool club) to undertake the same actions. | Staff are fully trained in administering medication and have written consent of parents before doing so. |  |  |  |
|  |  | 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. | Staff undergo annual training in the use of adrenaline auto injectors if necessary. |  |  |  |
|  |  | At lunchtime, agreed protocol used for checking that correct pupil is receiving correct school meal (pupil wears wristband). |  |  |  |  |
|  |  | Pupils aware that they cannot share food with peers with medically prescribed diets. |  |  |  |  |
|  |  | Review of all special diet requirements performed annually. |  |  |  |  |

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>