Special Diet Menu
Supporting Evidence Form

To Parents/Guardians: This form should be completed and submitted if you do not have a copy of medical evidence to support your child's special diet menu request. You should only complete this form if you do not have other accepted medical evidence.

To The Registered Medical Professional: This form is required to be completed to confirm a child's medical dietary requirements to provide a special diet menu and ensure safe meals can be served when the standard school menu is not suitable.

1) Child's Details – *to be completed by parent/guardian*

Child's First Name:

Child's Surname:

Year Group:

School Name:

School Address:

Parent's Email Address:

2) Special Diet Menu Requirements – *to be completed by the Medical Professional*

I confirm the child detailed in Part 1 has the below special diet menu requirements:

Legislated allergens (tick all to be removed from menu):

☐	Celery	☐	Cereals Containing Gluten			☐	Egg
☐	Fish	☐	Lupin	☐	Milk	☐	Mustard
☐	Nuts (Tree Nuts and/or Peanuts)			☐	Sesame	☐	Soyabeans
☐	Sulphur Dioxide and Sulphites			☐	Crustaceans and Molluscs		

Other common allergens (tick all to be removed from menu):

☐	Coconut	☐	All Beans and Legumes			☐	Kiwi
☐	Kiwi	☐	Lentils			☐	Pineapple
☐	Chickpeas	☐	Green/Garden Peas			☐	Broad/Fava Beans
☐	Strawberry	☐	Apple	☐	Banana	☐	Tomato

Other medical dietary requirement (please specify):

Medical Professional Name:

Medical Professional Role/Job Title:

Doctors Surgery/Hospital Name:

Medical Professional Signature:

Date:

Doctors Surgery/Hospital Stamp