

Bolton Council
Services for schools- School Meals

Medical Diet Request Form

Please make sure you have read the guidance notes on medial diets before completing this form.

REASON FOR SUBMITTING REQUEST

Requesting for first time Updating current diet Attending new school

CHILD'S DETAILS

Child's Name _____

Date of Birth _____

School Name _____

PARENT / CARER DETAILS

Contact Name _____

Contact Address _____

Contact Phone Number _____

E-Mail Address _____

DIET DETAILS *please tick any allergy or intolerance that applies to the diet and provide details on next page.*

ALLERGY

Celery Mustard
 Crustaceans Peanuts
 Egg Sesame
 Fish Soya
 Gluten Sulphites
 Lupin Tree Nuts
 Milk Other
 Molluscs

INTOLERENCE

Celery Mustard
 Crustaceans Peanuts
 Egg Sesame
 Fish Soya
 Gluten Sulphites
 Lupin Tree Nuts
 Milk Other
 Molluscs

Is the diet request for religious reasons, cultural reasons or another diet requirement?
 eg: Halal, Vegetarian. *If yes, please provide details on next page.*

Yes No

Brief description of diet:

- I consent to the above information being stored.
- I consent to being contacted via email or telephone to discuss the diet if required.
- I have read the medical diet guidance notes and understand that due to the nature of the service within school kitchens and the usage of multiple ingredients containing allergens, Services for Schools are unable to guarantee that any menus are completely allergen-free.
- I have attached medical evidence if required (see guidance notes).

Parent / Carer signature _____

Date _____