

**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

- |                                      |                                    |
|--------------------------------------|------------------------------------|
| <input type="checkbox"/> Celery      | <input type="checkbox"/> Mustard   |
| <input type="checkbox"/> Crustaceans | <input type="checkbox"/> Peanuts   |
| <input type="checkbox"/> Egg         | <input type="checkbox"/> Sesame    |
| <input type="checkbox"/> Fish        | <input type="checkbox"/> Soya      |
| <input type="checkbox"/> Gluten      | <input type="checkbox"/> Sulphites |
| <input type="checkbox"/> Lupin       | <input type="checkbox"/> Tree Nuts |
| <input type="checkbox"/> Milk        | <input type="checkbox"/> Other     |
| <input type="checkbox"/> Molluscs    |                                    |

INTOLERANCE

- |                                      |                                    |
|--------------------------------------|------------------------------------|
| <input type="checkbox"/> Celery      | <input type="checkbox"/> Mustard   |
| <input type="checkbox"/> Crustaceans | <input type="checkbox"/> Peanuts   |
| <input type="checkbox"/> Egg         | <input type="checkbox"/> Sesame    |
| <input type="checkbox"/> Fish        | <input type="checkbox"/> Soya      |
| <input type="checkbox"/> Gluten      | <input type="checkbox"/> Sulphites |
| <input type="checkbox"/> Lupin       | <input type="checkbox"/> Tree Nuts |
| <input type="checkbox"/> Milk        | <input type="checkbox"/> Other     |
| <input type="checkbox"/> 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 Shools 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\_\_\_\_\_