



OLSM Primary School Special Diet request form for medically prescribed diets

New to school

Please complete this form if your child requires a medically prescribed diet. **Section A** needs to be completed by the parent/guardian of the child. **Section B** needs to be completed by a medical professional.

To protect the health of your child please continue to supply a packed lunch until a menu is in place and a start date has been confirmed with the catering team (please allow up to three weeks for the menu to be arranged).

SECTION A – TO BE COMPLETED BY PARENT/GUARDIAN

Child's details

Full name:

Date of Birth:

School:

Details of allergy/intolerance/medical condition (including brief description of symptoms):

Please indicate the menu required*:

Gluten free		Nut free	
Egg free		Peanut free	
Fish free		Soya free	
Milk free		Diabetic (Carbohydrate Counting)	
Other foods*			

*self-diagnosed allergy or intolerance and personal food preference choices cannot be accommodated

Parent/guardian details

Name:

Relationship to pupil:

Contact address:

Telephone contact:

Email address:

Please confirm that you agree to our Catering Dietitian discussing your child's diagnosed allergy/medical condition with other health professionals as required, by signing below.

Signature.....Print name.....



To identify your child it would help if the kitchen had a photo of your child. Please supply a current photograph of the child for the school catering team.

SECTION B – TO BE COMPLETED BY MEDICAL PROFESSIONAL (e.g. GP, Doctor, Dietitian)

Please note: we cannot process this form or provide a menu without the support of the child's health team. Please ask your child's GP/Dietitian/Health Professional to sign where indicated below or supply a recent letter confirming the diagnosis and required diet.

Medical referral

I can confirm that this child needs to exclude the foods indicated above.

This is due to

Name of Dietitian/Doctor:

Practice/Surgery/Hospital:

Any further clarification/details on the special dietary requirement:

Medical professional signature:
(unless accompanied by a recent letter)

Please complete both sides of the form and post or email to the address given below.

Special Diet Request
OLSM Kitchen Team
C/O OLSM RC Primary School
14 Pen-Y-Pound
Abergavenny
Monmouthshire.
NP7 5UD

This document is confidential and will be securely stored. The information will not be shared with any other organisation and will only be used for the purpose of providing meals for children with special dietary requirements. A copy of your child's menu and current photograph will be kept in the school kitchen.