

HC300 Medically identified special diets request form (Food intolerance and allergies only)

HC300

Childs name: _____ Age: _____

School name: _____

Parents / Guardian Name: _____

Parents / Guardian Tel No: _____

Dietitian/Doctors Name: _____

Special diet requested: _____

Medical evidence is required for all items which need to be removed to produce a special diet menu.

Any additional items to be avoided in a combination diet must be substantiated with medical evidence

All children requiring a special diet will be issued with an orange silicone wrist band which should be worn by the child when queuing for their lunch. An additional method (s) will be selected by the school to ensure all children requiring a special diet are clearly identified in the lunch queue.

Signature _____ Print Name _____
(on behalf of the School) (on behalf of the School)

Signature _____ Print Name _____
(Parent / Guardian) (Parent / Guardian)

Signature _____ Print Name _____
(Head of kitchen HC3S) (Head of kitchen HC3S)

Date _____

A copy of this form should be held in the production kitchen and the original sent to the:
Food Development Team,
HC3S, 27-29 Market Street,
Eastleigh,
SO50 5RG.