

Medical Diet Form

ELT are committed to providing meals for children needing special diets for medical and cultural requirements where possible.

It is vital that all forms are accompanied with the referral letter from a medical professional (G.P)
This form should be handed into the school and discussed with them in the first instance.

ACADEMY DETAILS										
Name										
School Contact										
PUPILS DETAILS										
Name										
Class										
Date										
Diet required or allergy exclusion information. Please tick	<input type="checkbox"/>	Peanut	<input type="checkbox"/>	Milk	<input type="checkbox"/>	Crustacean	<input type="checkbox"/>	Soybean	<input type="checkbox"/>	Fish
	<input type="checkbox"/>	Celery	<input type="checkbox"/>	Nuts	<input type="checkbox"/>	Sesame Seeds	<input type="checkbox"/>	Mustard	<input type="checkbox"/>	Lupin
	<input type="checkbox"/>	Eggs	<input type="checkbox"/>	Molluscus	<input type="checkbox"/>	Gluten	<input type="checkbox"/>	Sulphites	<input type="checkbox"/>	Other
	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Further information										
.....										
.....										
MEDICAL INFORMATION										
Please detail allergic reaction										
Is medication required. Please detail.										
PARENT/CARER DETAILS										
Name										
Contact phone number										
Contact Email										
Relationship to child										
OFFICE USE ONLY										
Has the catering team been informed.										
Has a photo ID been completed										
If Medication required who is to be contacted										