Babcock 4S

SURREY
COUNTY COUNCIL

SPECIAL DIETS REQUEST FORM

School ……………………………………………………

Child's Name ……………………………………………….. ..   **Class:** ……………………...

Please specify type of diet requested:

Medical (e.g. Nut/ Gluten Allergy)   …………………………………………………………..

Religious (e.g. Muslim)   …………………………………….............................

Ethical (e.g. vegetarian = eats no meat or fish) ……………………………...............................

Please print specific details. Identify food that the child is / is not allowed to eat.

Non Suitable Foods	*Suitable or Substitute Foods*

The following is required for medical diets only and should be copied by the school representative (who signs below) from the pupil's individual treatment plan. N.B. This is essential to avoid misinterpretation.	
EMERGENCY PROCEDURES FOR USE OF EPIPEN **WHERE IS EPIPEN LOCATED?** **ADMINISTERED BY WHOM?**	**Details: (school to complete)**
LOCAL ARRANGEMENTS FOR IDENTIFICATION OF CHILD AGREED AND EMERGENCY PROCEDURE IN PLACE	**Details: (school to complete)**

Signature: ……………………………. **Print Name**: …………………………………
Parent   *Parent*

Signature: ……………………………. **Print Name:** ……………………………**Position:** …………………………………
School Representative   *School Representative*

Signature: ……………………………. **Print Name:** …………………………………
Unit Caterer   *Unit Caterer*

Date …………………………………………..

This form should be held with the child's individual treatment plan within the school office and a copy passed to the Surrey Commercial Services Caterer.