



Name of Child: _____ Date: _____
 Date of Birth: _____ New Diet or Change to existing: _____
 Name of school/centre: _____ Class: _____
 Parent/Guardian contact details (Name & Number): _____
 Doctor, Dietician contact details (Name & Number): _____ (optional)

SECTION 1- to be completed by the parent/guardian

Please clearly tick the food allergen boxes and list the dietary exclusions relevant to the child. (Please include information on severity of allergy and any other information required for the provision of a meal)

Celery	Cereals Containin1 Gluten	Crustaceans	Eggs	Fish	Lupin	Milk	Mollusc	Mustard	Nuts	Peanuts
Sesame Seeds	Soya	Sulphur Dioxide/ Sulphites								

Other dietary exclusions

Other medical conditions and dietary requirements

This child no longer requires a special diet

SECTION 2 - to be completed by Parent/ Guardian

Parental / Guardian Consent

I hereby authorise Catering Leeds to provide a school meal which meets the special medical dietary requirements of the child noted above. I accept it is my responsibility to inform Catering Leeds in writing of any special medical dietary change

Signed: _____ Date: _____

Print Name: _____

School may provide a photograph of your child to Catering Leeds to enable identification, If you do not consent to this please speak to your school.

This form must be returned directly to the school office.

Please note, all personal details for provision of special diets held by Catering Leeds are processed in line with General Data Protection Regulation (GDPR) and Data Protection Act 2018. <https://www.leeds.gov.uk/privacy-and-data/service-privacy-notices/business-and-licensing-privacy/civic-enterprise-notice>

Special Diet Reference Number (office use only)