

**REGISTER OF DIETARY REQUESTS**

**SCHOOL NO:** \_\_\_\_\_ **SCHOOL NAME:** \_\_\_\_\_

**UNIT/COOK MANAGER:** \_\_\_\_\_

**CHILD'S NAME:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_ **CLASS:** \_\_\_\_\_

**A parent/guardian must provide information on the child's special diet from a Dietician or General Practitioner**

Does your child have a **medically prescribed** dietary requirement YES / NO

Do you receive **prescribed products** for your child YES / NO

Diabetic ☐ Gluten free ☐ Protein free ☐ vegetarian ☐ Vegan ☐ Nut allergy ☐  
Lactose intolerance ☐ coeliac disease ☐ Ethnic ☐

Other (Please specify) \_\_\_\_\_

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_

**Unit Managers Instructions:**

On receipt of a request for a special diet, complete this form. Two copies are required:-

**Copy One** Retain in unit in special diets log File, accompanied with medical reports and diet plans etc.

**Copy Two** Keep in plastic wallet, which is placed prominently on the wall in the food production area

**The special diet must also be recorded on the daily issue sheet each day**