NORTHUMBERLAND COUNTY COUNCIL - REGISTER OF DIETARY REQUESTS

School Number: **3367** **School Name:** **Corbridge Church of England First School**

Unit/Cook Manager: **Mrs Dobson**

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.

Please delete yes/no as appropriate

Does your child have a medically prescribed dietary requirement	Yes	No
Do you receive prescribed products for your child	Yes	No
Diabetic	Yes	No
Gluten Free	Yes	No
Protein Free	Yes	No
Vegetarian	Yes	No
Vegan	Yes	No
Nut Allergy	Yes	No
Lactose intolerance	Yes	No
Coeliac Disease	Yes	No
Ethnic	Yes	No

Other – please specify	

Parent/Carer Name (please print): ----------

Parent/Carer Signature: ----------

Date: ----------

Unit Manager's 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.

This special diet must also be recorded on the daily issue sheet each day.