



Leicestershire County Council
SCHOOL FOOD SUPPORT SERVICE

MEDICAL DIET – SCHOOL MEALS REQUEST FORM

CHILD'S DETAILS

Child's Name.....Date of Birth..... Male Female
Address.....
.....Post Code.....

PARENT / GUARDIAN DETAILS

Contact Name.....
Contact Address.....
(If different from above)
Contact Phone Number.....

In making this request for a medical diet, I acknowledge that whilst employees of the County Council will make every reasonable effort to comply with my child's dietary requirements, this is not always possible because of manufacturers' variations to food items, which are outside our control.

Signed.....

SCHOOL DETAILS

Name of School.....
School Address

Is the Head teacher involved? (Please tick a box) YES NO School Year.....

DIETARY DETAILS

Details of Special Dietary Requirements

As well as requiring a special menu is your child following a (Please tick all that apply) Vegetarian Diet
Vegan Diet Beef Free Diet Pork Free Diet Lamb Free Diet Fish Free Diet

HEALTH PROFESSIONAL DETAILS

PLEASE NOTE - THIS REFERRAL MUST BE SIGNED BY A HEALTH PROFESSIONAL
(e.g. doctor, consultant, dietitian, school nurse, practice nurse, ,speech & language therapist)

Name of Doctor, Dietitian or Contact Health Professional.....
Signature of Doctor, Dietitian or Contact Health Professional.....
Address.....
.....*Tel No:.....

Please return to: Paula McKee Senior Dietitian, School Food Support, Room 400, County Hall,
Glenfield, Leicester LE3 8RB Tel No: 0116 3055770.