



**Special Diet Referral Form**

**School** \_\_\_\_\_

**Name of Pupil** \_\_\_\_\_

**Medical Condition** \_\_\_\_\_

**Name and Contact Number of GP/ Dietician**  
\_\_\_\_\_

**Special Requirements**

<p><u>Medication</u></p>  <p><u>Dietary Requirements / Allergies</u> (Give full details for catering below)</p>
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**Parent/ Carers Signature** \_\_\_\_\_

**Head Teacher's Signature** \_\_\_\_\_

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

**Please keep a copy for your records and send section below to the Kitchen Supervisor**

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**Name of Pupil** \_\_\_\_\_

<p><u>Dietary Requirements</u></p>
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