

## **Blaenau Gwent**

County Borough Council

#### Primary Schools Special Diet request form for medically prescribed diets

Please complete this form if your child requires a medically prescribed diet. **Section A** needs to be completed by the parent/guardian of the child. **Section B** needs to be completed by a medical professional.

To protect the health of your child please continue to supply a packed lunch until a menu is in place and a start date has been confirmed with the catering team (please allow up to three weeks for the menu to be arranged).

Date of Birth:

### SECTION A - TO BE COMPLETED BY PARENT/GUARDIAN

Child's details

Full name: School:

ntolerance/medical condition (	including brief description of symptoms):	
menu required*:		
. mena requirea .		
n free	Nut free	
ree	Peanut free	
ree	Soya free	
	Diabetic (Carbohydrate Counting)	
r foods*		
lergy or intolerance and persor	nal food preference choices cannot be accomm	odated
letails		
	Relationship to pupil:	
	relationship to papin	
::	Email address:	
Please confirm that you agree to our Catering Dietitian discussing diagnosed allergy/medical condition with other		
health professionals as required, by signing below.		
	e menu required*:  In free ree ree ree rree rree rrey or intolerance and persor  letails  :: you agree to our Catering Dietitia	In free   Nut free   Peanut fr

# To identify your child, it would help if the kitchen had a photo of your child. Please supply a current photograph of the child for the school catering team.

### SECTION B – TO BE COMPLETED BY MEDICAL PROFESSIONAL (e.g. GP, Doctor, Dietitian)

Please note: we cannot process this form or provide a menu without the support of the child's health team. Please ask your child's GP/Dietitian/Health Professional to sign where indicated below or supply a recent letter confirming the diagnosis and required diet.

Medical referral		
I can confirm that this child needs to exclude the foods indicated above.		
This is due to		
Name of Dietitian/Doctor:		
Practice/Surgery/Hospital:		
Any further clarification/details on the special dietary requirement:		
Medical professional signature:		
(unless accompanied by a recent letter)		

Please complete both sides of the form and email to the address given below:

Via email to: <a href="mailto:specialdiets@blaenau-gwent.gov.uk">specialdiets@blaenau-gwent.gov.uk</a>

This document is confidential and will be securely stored. The information will not be shared with any other organisation and will only be used for the purpose of providing meals for children with special dietary requirements. A copy of your child's menu and current photograph will be kept in the school kitchen.

Please note that special diets are catered for differently at Secondary School.

Please contact the Central Office via e-mail for further details before your child commences at Secondary School or if your child changes Primary School.

specialdiets@blaenau-gwent.gov.uk