**Special Diet Request Form**

Please complete this form if your son/daughter has any specific food allergies or dietary requirements. Simple likes and dislikes are not required unless they are serious and make the child feel ill. All meals provided are designed for children and we take likes and dislikes into consideration at meal times.

Please return this form to school by **Monday 29th September.**

**Child’s Name ……………………………………………………..……………………………**

**Type of diet requested/allergy identified …………………………………………………**

**…………………………………………………………………………………………………....**

**Please identify any specific foods that your son/daughter may not eat**

|  |
| --- |
| **Unsuitable foods** |

**Signed ……………………………………… Parent/Guardian**

**Date ………………………..**