

### Special Diet Form

To be completed when a child is on a special diet for reasons of a non-medical nature for example cultural or religious reasons, vegetarian diet, or other reasons. If a special diet is required for a proven medical condition diagnosed by a medical practitioner a food allergy/intolerance form should be completed.

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Reasons for the child's special diet:

- Religious/cultural
- Parental choice
- Other, please specify \_\_\_\_\_

What are the foods and substances that the child must avoid or include?

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Please list, in detail, alternative foods the child can eat.

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Please provide details of any special feeding routine (e.g. meals at specific times, amounts to be consumed etc)

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How long will the child be on this special diet?

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**To help us to continue to provide your child with adequate nutrition and protection from unwanted food substances this form must be reviewed every 12 months or earlier if the condition changes.**

Date Completed \_\_\_\_/\_\_\_\_/\_\_\_\_ Parent/Guardian \_\_\_\_\_ Signature \_\_\_\_\_

#### Office Use Only

Room Name	Days Attending	Date for Next Review ____/____/____
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