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| Supporting Children with Special Dietary Requirements |
| Admission Form D and Letter to Parent/Carer  July 2017 |

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# APPENDIX 2: Admission Form D

## Request for Special Diet

This form is for parents to complete if your child has a special dietary requirement. The information provided will be used to inform the School (including Home Economics department) and School Caterers when providing meals for your child.

**Section 1: Details of Pupil**

|  |  |  |  |
| --- | --- | --- | --- |
| Surname |  | | |
| Forenames |  | | |
| Address |  | | |
|  | Postcode |  |
| Male/female |  | Date of Birth |  |
| Class/form |  | | |
| Special dietary requirement |  | | |

**Section 2: Contact Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | | |
| Daytime Tel No |  | | |
| Relationship to pupil |  | | |
| Address |  | | |
|  | Postcode |  |

**Section 3: Medical Details**

*I understand that by providing these details I am happy for School Catering to make contact for further information*

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Designation | Address | Contact Tel. No |
|  | General practitioner |  |  |
|  | Community Paediatrician |  |  |
|  | Speech and Language Therapist |  |  |
|  | Paediatric Specialist Nurse |  |  |
|  | Other, please specify… |  |  |

Parent/carer/child signature:

Signed: ......................................................................Date: ...........................................

## Details of Special Diet

SCHOOL:

PUPIL NAME:

CLASS:

**SPECIAL DIETARY REQUIREMENT / FOOD ALLERGIES**

The School Catering Service, and other school departments are committed to making provision for medically prescribed diets, children with special educational needs which affect their diet, children requiring vegetarian options and children with religious or cultural restrictions. The following questions will help inform the School about how your child can best be supported.

Please complete the appropriate sections as necessary and **name** each one as they may be separated to go to the relevant staff / departments.

**SECTION A**

Does your child have a **medically prescribed** dietary requirement? **YES / NO**

If you have ticked **YES** please answer the following questions:

**If NO go to Section B**

1. Which of these apply?

|  |  |  |
| --- | --- | --- |
| **Allergy** | **Yes/no** | **PLEASE PROVIDE MORE DETAIL OF ALLERGIES ON PAGE 19** |
| dairy free |  |
| egg free |  |
| wheat free |  |
| gluten free |  |
| nut free |  |
| diabetes |  |
| coeliac disease |  |

2. Any other requirements? Please give details

3. Do you use any special dietary products with your child? **YES / NO**

Please give details

4. Which of these products are prescribed?

5. Do you have a prescribed diet plan for your child? **YES / NO**

6. Who provides this for your child? Please provide contact details

............................................................................................................................

Written details from a Medical Practitioner/Dietician may be required to ensure that the Catering Service can safely meet the needs of your child

## Allergy Details

SCHOOL:

PUPIL NAME:

CLASS:

### 

### SECTION A – ALLERGY DETAIL

**The following information is required by the School Catering Service, the Home Economics department, and may be needed by staff teaching other curricular areas. Please provide as much detail as possible.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Foodstuff** | **Can be eaten?** | **Can be touched?** | **Can be in the room?** | **Possible symptoms of reaction** | **Action to be taken** |
| Eggs |  |  |  |  |  |
| Cow’s milk & products |  |  |  |  |  |
| Tree Nuts |  |  |  |  |  |
| Peanuts |  |  |  |  |  |
| Sesame seeds |  |  |  |  |  |
| Wheat |  |  |  |  |  |
| Gluten |  |  |  |  |  |
| Shellfish |  |  |  |  |  |
| Fish |  |  |  |  |  |
| Soya |  |  |  |  |  |
| Vegetables – please specify |  |  |  |  |  |
| Fruit –  please specify |  |  |  |  |  |
| Pulses –  please specify |  |  |  |  |  |
| Other – please specify |  |  |  |  |  |

Does your child carry allergy medication?

e.g. (Epipen / Piriton / Inhaler / other? YES / NO

Can your child self-administer their medication? YES / NO

Medication carried:

**IT IS THE RESPONSIBILITY OF PARENTS / CARERS AND THEIR CHILD TO ENSURE THAT THIS INFORMATION IS UPDATED AND THE SCHOOL IS AWARE OF SPECIAL DIETARY REQUIREMENTS.**

## Additional Support Needs

SCHOOL:

PUPIL NAME:

CLASS:

### SECTION B

Does your child have a **support need** that affects their eating? **YES / NO**

If you have ticked YES please answer the following questions.

**If NO, go to Section C**

1. Please indicate the need from the list below

1. Texture / Consistency modification
2. Limited food range
3. Reading menu
4. Help with eating/drinking
5. Help with food selection

2. Any other requirements? Please give details

3. What dietary modification do you follow at home? Please give details

Please provide further information that would be helpful

## Religious Needs

SCHOOL:

PUPIL NAME:

CLASS:

### SECTION C

Does your child have a **religious** **need** that may require modified food products? **YES / NO**

Please indicate which products require substitution / omission

Please provide further information that would be helpful

## APPENDIX 3: Letter to Parent / Carer



Education and Children’s Services

Our Ref:

Your Ref:

Please ask for:

Direct Dial:

E-mail:

Date

Address

Dear Parent/Carer/Young person

**SPECIAL DIETARY REQUIREMENTS**

Thank you for providing information on the dietary requirement for your *child/ your own needs*. To ensure that your *child’s/ your own* dietary requirement can be safely met through the School Meals Service it may be helpful for catering staff to contact your *child’s/ your own* dietician/GP/private practitioner for further advice.

I would therefore be grateful if you would complete the attached form to enable this to take place.

Yours sincerely

Name and designation

Guidance written by the Additional Support Needs Team

|  |  |  |  |
| --- | --- | --- | --- |
| Version | Status | Issue date | Reason |
| 1.0 | Guidance | 06.02.2013 | Guidance written |
| 2.0 | Guidance | 17.06.2016 | Guidance review and update |
| 2.1 | Guidance | July 2017 | Further update and transfer to new corporate design |