



Special Dietary Request

Child's Name: Year/Class:

Type of Diet:

Medical:
(e.g. allergy)

Religious:

Ethical:
(e.g. vegetarian)

Please print specific details. Identify food that the child is / is not allowed to eat:

Non-Suitable Foods	Suitable or Substitute Foods

DOES YOUR CHILD HAVE A SIGNIFICANT OR LIFE THREATENING FOOD ALLERGY? YES NO (PLEASE CIRCLE)

TO BE COMPLETED BY THE ACADEMY The following is required for <u>medical diets only</u>	
<u>EMERGENCY PROCEDURES FOR USE OF AN ADRENALINE AUTO INJECTOR (AAI)</u> Where is the AAI located? Administered by whom?	Details: (academy to complete)
Local arrangements for identification of child agreed and emergency procedure in place	Details: (academy to complete)

Signature:
Parent/Guardian

Print Name:
Parent/Guardian

Signature:
Academy Representative

Print Name:
Position:

Signature:
Caterer

Print Name:

Date: