

**School Name:**

**Medically Identified Special Diets Request Form A**

You have been given this form because you have indicated to us that your child requires a special diet due to a food allergen or intolerance. In order for our school meal provider, **Coombs Catering Partnership**, to ensure that all special diets are correctly catered for, we request that a letter is provided to confirm the medical diagnosis of the allergy before any special diets are issued. This will ensure everybody is working to the same restrictions.

This form should NOT be used for any religious or dietary preferences, please ask the school for **Religious and Dietary Preferences Request Form B** to ensure Coombs Catering Partnership can also cater for these requirements.

Child's name ..... Year Group .....

Does your child have an **allergy or intolerance** to any of the following allergens?

Please put  against all that apply:

Peanuts	Gluten	Milk	Egg	Nuts
Soya	Lupin	Molluscs	Shellfish	Fish
Mustard	Sesame	Sulphites	Celery	

Other (Please State).....

If you have marked any of the above boxes, please provide further details of the nature of the allergy/intolerance below.

Has the allergy/intolerance been medically diagnosed? Yes/No

Signed.....

Date.....