

## School Meals Special Diet Request Form

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The provision of a special diet will be considered for children who have a specific dietary need. This might be due to allergy, intolerance, medical reasons, additional support needs, religious, cultural or ethical beliefs.

If your child requires a special diet, please complete this form. A special diet cannot be started until we receive this form. Each case is considered individually and the information provided helps us decide how best we can support your child. Where appropriate, advice from a dietitian will be sought. Please note we may not be able to accept your request.

Please refer to the Special Diet Guidance Notes before completing. Please complete all relevant questions as otherwise this may hold-up your request. Requests normally take 5-10 working days to process but on occasions may be slightly longer.

**Please provide lunch for your child until authorised and a start date has been agreed.**

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**Pupil's Surname:** \_\_\_\_\_ **Pupil's Forename:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Pupil's Gender:** \_\_\_\_\_

**Full postal address:** \_\_\_\_\_

\_\_\_\_\_

**Postcode:** \_\_\_\_\_ **Scottish Candidate Number:** \_\_\_\_\_

**School of Attendance:** \_\_\_\_\_ **Class:** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_

**Full postal address (if different to pupil):** \_\_\_\_\_

\_\_\_\_\_

**Postcode:** \_\_\_\_\_

Relationship to pupil: \_\_\_\_\_

Daytime contact telephone number (including STD): \_\_\_\_\_

Mobile telephone number: \_\_\_\_\_

Email address: \_\_\_\_\_

Reason for special diet: *\*Please see Guidance Notes for definition of Selective eater*

Additional Support Needs  Allergy/Intolerance  Cultural belief  Diabetic

Ethical reasons  Medical condition  Religious belief

\*Selective eater

Other reason, not listed above (please specify): \_\_\_\_\_

Does your child have any medical conditions we should know about?

\_\_\_\_\_

Special diet to be provided. Please tick all relevant options.

Please note we offer a daily vegetarian option, so a special diet is not required.

Celery free  Crustacean free  Egg free  Fish free

Gluten free  Lentil only free  Lupin free  Milk/Dairy free

Mollusc free  Mustard free  Nut free  Peanut free

Pork free  Pulses (all) free  Sesame Seed free  Soya free

Sulphite free  Wheat only free  Texture modification  Halal\*

If allergen **not** listed above, what substance(s) should be avoided? Please note this should **not** include foods your child simply dislikes.

\_\_\_\_\_

\_\_\_\_\_

Halal\*- please provide details: \_\_\_\_\_

\_\_\_\_\_

If some foods containing the offending allergen(s) can be included in your child's diet, please say what these foods are, and in what context they can be consumed, for e.g. eggs may be consumed in baking, or milk in puddings.

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How would your child be affected if they consumed unsuitable food, for example, an upset stomach, rash, fever, choking?

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How severe would the impact be if your child was to consume unsuitable food?

Life threatening       Severe impact       Moderate impact   
Mild impact       Not known       No physical impact

Does your child / the school hold an Epi-pen? Yes  No

How often would you like a special diet to be provided? (Please see Guidance Notes.)

Every day     4 days a week     3 days a week     2 days a week   
Once a week

Has this diet been advised by a GP or Consultant? (Please see Guidance Notes.)

Yes  No

If **yes**, please provide the details:-

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Has this diet been advised by a Dietician? (Please see Guidance Notes.)

Yes  No

If **yes**, please provide details:-

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone number:** \_\_\_\_\_

**Do you use any special dietary products at home?**

\_\_\_\_\_

**Are any of these products prescribed?** \_\_\_\_\_

**Please add any additional information you feel may be helpful.**

\_\_\_\_\_

**Our Privacy Notice, copy enclosed,** provides more information about how we store and use data.

**Please sign below to confirm you have read and understood our Privacy Statement.**

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I confirm the details provided on this form are correct.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\_\_\_\_\_

**Please return the completed form to:**

Special Diets, Catering Services  
The Highland Council  
Ruthven House  
Drummond Road  
Inverness  
IV2 4NZ

**Telephone:** (01463) 644102

**Email:** [Special.Diets@highland.gov.uk](mailto:Special.Diets@highland.gov.uk)

**Next steps**

Catering Services will contact you advising if they are able to accept your request and the diet they are able to provide; where appropriate, a copy of the relevant menu will be sent to you, or they may request a meeting with you to discuss your child's requirements. Please note Catering Services may not be able to accommodate your request.

Catering Services will contact the School Cook to discuss the special diet and a suitable start date.

**Please remember to let the School and Catering Services know if there are any changes to your child's special diet or if no longer required.**

If you require further advice or information, please contact:-

**Catering Services**

**Telephone:** (01463) 644102    **Email:** [Special.Diets@highland.gov.uk](mailto:Special.Diets@highland.gov.uk)

**For Catering Services only**

Date form received by Catering Services	
Date contact with Cook	
Date contact with Parents	
Date special diet to start	
Date & initials entered onto Register	