

Nottinghamshire County Council EC46: Pupil Dietary/Food Allergy Request Form

Pupil Reference Number: (assigned by schools catering)

SMD

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 and School Caterers when providing meals for your child. Please return this form to the school office to start the Special Diet Registration process.

SECTION 1. DETAILS OF THE PUPIL				
Pupil Surname:				
Pupil Forename:				
School name:				
Address (including postcode):				
Gender:		Date of Birth:		
Class/Form:				
Details of pupils Special Medical Dietary Requirement:				
SECTION 2. CONTACT DETAILS				
Name of contact:				
Daytime telephone number:		Mobile telephone number:		
Relationship to pupil:				
Address (including postcode):				

CAT/EC46/SMD/Iss2/V3/LW -Sept 2019

SECTION 3. MEDICAL DETAILS (Parent/carers of children with special medical diets must attach a supporting medical letter)				
Address (including postcode):				
Contact number:				
SECTION 4. PARENT/CARER SIGNATURE				
Signed:	Date:			

It is the responsibility of the parent/carer to notify both the school chef and the school office in writing of any changes to dietary requirements previously agreed. This must be supported with the appropriate medical evidence (GP letter).

We collect the above data in order to help us provide school catering services. We will store it securely and manage it in accordance with GDPR principles. For more information, please see https://www.nottinghamshire.gov.uk/media/1533665/schoolcateringandfacilitiesprivacynotice.pdf