



Allergy/Intolerance Diets for Medical Reasons/ Special Diet Registration Form

Child's Name:	Date of Birth:
Name of School/Nursery	Year:
Parent / Guardian Details	
Name:	Phone No:
Address:	
Dietary Details:	
Health Professional Information	
This section must be completed by a medical professional (GP, NHS Dietician, Paediatric Specialist) or accompanied by a letter from a medical professional.	
I confirm that (child's name):	
follows a (name of diet):	
Therefore, the above named child will require a modified school lunch as detailed above.	
Signed by (Medical Professional):	
Name:	Position:
Address:	
Tel No:	
In making this request for a medical diet, I acknowledge that whilst Clackmannanshire Council will make every reasonable effort to comply with my child's dietary requirements, on occasion this may not be possible due to the manufacturer's variation to some of their food items.	
Parent/Guardian's signature:	

This form should be completed in full and returned to Catering Services via your school or direct to Class Cuisine, 21 Main Street, Sauchie, FK10 3JR.

If you have any questions regarding this form, please contact Class Cuisine direct on 01259 452191/452193.

This registration form will be reviewed annually.