

## Special Diet Form

To be completed when a child is on a special diet for reasons of a non-medical nature

e.g. cultural or religious reasons, vegetarian diet or other reasons.

If a special diet is required for proven medical condition (e.g. coeliac disease, lactose intolerance) the "Modified diet care plan" and/or other documents from the Health Support Planning package should be used. If there is a severe food allergy the "Anaphylaxis (severe allergy) care plan" should be completed in addition to the "Modified diet care plan".

Child's name \_\_\_\_\_ Date of birth \_\_\_/\_\_\_/\_\_\_  
Family name (please print) First name (print print)

1. Reason for the child's special diet. Please tick relevant box.

Religious/cultural

Parental decision

Other, please specify \_\_\_\_\_

2. What are the foods and substances that the child must avoid or include?

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3. Please list, in detail, alternative foods the child can eat so that no food groups are excluded (e.g. eggs, dairy food, nuts, tofu, beans instead of meat for vegetarian diets).

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4. Please provide details of any special feeding routine (eg. Meals at particular times or intervals for health reasons, providing extra food to meet increased needs).

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5. How long will the child be on this special diet?

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

To help your Care-provider to continue to provide your child with adequate nutrition and protection from potentially harmful substances, this form must be **reviewed every 6 months**, or whenever more up to date information is available

Date for diet to be reviewed: \_\_\_/\_\_\_/\_\_\_

**Important:** Please return this form to the Administration Office staff