



Catering
Leeds

Feeding the Future

Special Medical Diet Parent Request Form

Name of Child : _____ Date: _____

Date of Birth: _____ New Diet or Change to existing : _____

Name of school/centre : _____ Class: _____

Parent/Guardian contact details (Name & Number): _____

Doctor, Dietician contact details (Name & Number): _____ (optional)

SECTION 1 - to be completed by the parent/guardian

Please clearly tick the food allergen boxes and list the dietary exclusions relevant to the child. (Please include information on severity of allergy and any other information required for the provision of a meal)

Celery	Cereals Containing Gluten	Crustaceans	Eggs	Fish	Lupin	Milk	Mollusc	Mustard	Nuts	Peanuts
Sesame Seeds	Soya	Sulphur Dioxide / Sulphites								

Other dietary exclusions

Other medical conditions and dietary requirements

This child no longer requires a special diet

☐

SECTION 2 - to be completed by Parent / Guardian

Parental / Guardian Consent

I hereby authorise Catering Leeds to provide a school meal which meets the special medical dietary requirements of the child noted above. I accept it is my responsibility to inform Catering Leeds in writing of any special medical dietary changes

Signed: _____ Date: _____

Print Name: _____

School may provide a photograph of your child to Catering Leeds to enable identification. If you do not consent to this please speak to your school.

This form must be returned directly to the school office.

Please note, all personal details for provision of special diets held by Catering Leeds are processed in line with General Data Protection Regulation (GDPR) and Data Protection Act 2018. You do have the right to withdraw your consent at any time to stop the processing your child's data by emailing Special.diets@leeds.gov.uk By withdrawing your consent your child will no longer receive special diet meal provision. <https://www.leeds.gov.uk/privacy-and-data/service-privacy-notice/business-and-licensing-privacy/civic-enterprise-notice>

Special Diet Reference Number (office use only)



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Special Medical Diet Parent Request Form

FOR OFFICE USE ONLY

For the attention of Catering Team Leader

Name of child _____

Date: _____

Name of school/centre _____

Class: _____

Special Diet Reference
Number: _____

Childs food allergies and exclusions: Refer to SECTION 1 of Special Medical Diet Request Form

Details of arrangements required at meal times to support this request:

Permit To Eat ☐

Product Suitability Listing ☐

Personalised Menu ☐

Initial Request made: _____

Updated: (date) _____

Updated: (date) _____

Special Diet Acknowledgement

Catering Team Leader Signature: _____

Food Technologist Signature: _____

Special Diet Understanding and Acknowledgement

In the absence of a CTL on site, the designated kitchen lead must sign below to demonstrate their acknowledgement and understanding of this special diet.

New CTL Signed: _____ Date: _____ CTL Mobile Signed: _____ Date: _____

New CTL Signed: _____ Date: _____ CTL Mobile Signed: _____ Date: _____

New CTL Signed: _____ Date: _____ CTL Mobile Signed: _____ Date: _____

New CTL Signed: _____ Date: _____ CTL Mobile Signed: _____ Date: _____

ENSURE FULLY SIGNED AND RETAINED IN SCHOOL KITCHEN Please note, all personal details for provision of special diets held by Catering Leeds are processed in line with General Data Protection Regulation (GDPR) and Data Protection Act 2018.