

Rendell Primary School & Little Owls Pre-School



MEDICAL DIET – SCHOOLS MEAL REQUEST FORM

| CHILD'S DETAILS | |
|------------------|---|
| Child's name: | |
| Child's address: | |
| Date of birth: | Male <input type="checkbox"/> Female <input type="checkbox"/> |

| PARENT'S / GUARDIANS DETAILS |
|------------------------------|
| Contact name: |
| Contact address: |
| Contact phone number: |
| Signed: |

| DIETARY DETAILS |
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| Details of special dietary requirements: |
| |
| As well as requiring a special menu is your child following a: Vegetarian diet <input type="checkbox"/> Vegan diet <input type="checkbox"/> |
| Beef Free diet <input type="checkbox"/> Pork free diet <input type="checkbox"/> Lamb free diet <input type="checkbox"/> Fish free diet <input type="checkbox"/> Halal <input type="checkbox"/> |
| |

| HEALTH PROFESSIONAL DETAILS |
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| PLEASE NOTE – THIS REFERRAL MUST BE SIGNED BY A HEALTH PROFESSIONAL (E.G Doctor / Consultant / Dietician / School Nurse/ Practice Nurse / Health Visitor) |
| Name of Health Professional: |
| Signature of Health Professional: |
| Work address of Health Professional: |
| Email address of Health Professional: |

Please return this form to the School Office, Rendell Primary School, Rendell Street, Loughborough, LE11 1LL