**SD1 Special Diet Request Form**

*Please complete this form to request a special diet. The Chef Manager will contact you to discuss this request in further detail. Any supporting information you wish to share relating to Medically Prescribed Diets from a Medical Practitioner, Dietician, Diabetes Nurse can be attached*

School/Site: …………………………………………………………………………………………………………………………………………………………………………………………………………..

Name of child/customer: ………………………………………………………………………………………………………………………………………………………………………………………

DOB (if under 18): ………………………………………………………………………………………………………………………………………………………………………………………………….

Name of parent/guardian/carer where applicable: ………………………………………………………………………………………………………………………………………………..

Contact details for customer/parent /guardian/carer: .…………………………………………………………………………………………………………………………………………..

Details of Special Diet Required (allergy/intolerance, medical, religious, cultural, vegetarian/vegan):

 Symptoms associated: (allergy/intolerance, medical)

Chef Manager Sign………………………………………………………………………… Date…………………………… Parent Signature………………………………………………………