

## Special Diet Meeting Outcomes

Date of meeting: \_\_\_\_\_

Pupil's name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Year/Class: \_\_\_\_\_

Attendees at meeting:

_____	_____
_____	_____
_____	_____

Details of special diet required: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Written information has been provided to confirm pupil's need for a special diet

The following actions have been agreed following this meeting regarding school food provision:

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Parents will notify school staff if any changes are required to the pupil's special diet due to medical reasons.

Signed

\_\_\_\_\_ (School Principal/ designated member of staff)

\_\_\_\_\_ (Parent/ Guardian)

\_\_\_\_\_ (School catering service)