

PART D - Special Diet Medical Form

Private and Confidential

TO BE RETURNED TO SCHOOL PRINCIPAL

Date: _____

Dear: _____

RE: (Child's name) _____

DOB: _____ H&C No: _____

I would like to confirm that the above child requires special diet provision.

Diet required:

His/her parents/guardians have received written dietary advice.

Any other additional relevant information

He/she will/will not continue to be reviewed by the Consultant/ General Practitioner/ Paediatric dietitian.

Yours faithfully

Consultant/ General Practitioner/ Paediatric dietitian

Please print name: _____

cc Parents

cc File