



**Medically identified special diets request form  
(Food intolerance and allergies only)**

Child's name.....Age.....

School name.....

Parent's Name.....

Date child moves up to Secondary School - September 20.....

Dietitian.....

Special diet requested.....

**Medical evidence is required for all items which need to be removed to produce a special diet menu.**

**An epi pen held in the school is only sufficient evidence for the food it relates to which needs to be identified.**

**Any additional items to be avoided in a combination diet must be substantiated with medical evidence**

Signature.....Print Name.....  
*Parent Parent*

Signature.....Print Name.....  
*Cook Supervisor (for and on behalf of HC3S) Cook Supervisor*

Date.....

***A copy of this form should be held in the production kitchen and the original sent to the Food Development Department at Eastleigh Headquarters.***