



Department of Education Sport & Culture

Specialised Dietary Requirements

School Meals Request From

Please complete in **BLOCK CAPITALS** and in **Black ink**.

**Please note:** This form **must** be authorised by a Health Professional and a copy will be sent to Head Teacher.

**Childs Details**

<b>Childs Name:</b>
<b>Date of Birth:</b>
<b>Address:</b>
<b>Post Code:</b>

**Parent/Guardian Details**

<b>Contact Name:</b>
<b>Contact Address:</b>
<b>Post Code:</b>
<b>Contact Phone Number:</b>

In making this request for a medical diet, I acknowledge that whilst employees of the Department of Education Sport and Culture will make every reasonable effort to comply with my child's dietary requirements, this is not always possible because of manufacturers' variations to food items and avoidance of cross contamination within a school meals kitchen environment.

<b>Signed Parent/Guardian</b>	<b>Date:</b>
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**School Details**

<b>Name of School:</b>
<b>School Address:</b>
<b>Post Code:</b>

**Dietary Details**

<b>Details of Special Dietary Requirements:</b>
<b>Diet Sheet Attached?</b> <b>Yes:</b> <b>No:</b>

If **No**, please give further details/action points below. If **Yes**, use this space to add further comments.

Name of Dietician or Contact Health Professional:
Signature:
Address:
<b>Post Code:</b>
Telephone Number:

Please return this form to: Isle of Man Government, Department of Education Sport and Culture, School Meals Catering Manager, Hamilton House, Peel Road, Douglas, IM1 5EZ.