

## MEDICAL DIET – SCHOOL MEALS REQUEST FORM

### PART A:

#### CHILD'S DETAILS

Child's Name.....

Date of Birth ..... Male  Female

Address.....

..... Post Code .....

#### PARENT / GUARDIAN DETAILS

Contact Name.....

Contact Phone Number.....

Email Address.....

In making this request for a medical diet, I acknowledge that whilst employees of the City Council 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, which are outside our control.

Signed.....

#### SCHOOL DETAILS

Name of School.....

School Address.....

#### DIETARY DETAILS

Details of Special Dietary Requirements.....

.....

As well as requiring a special menu is your child following a (Please tick all that apply) Vegetarian Diet

Vegan Diet  Halal Diet  Pork Free  Lamb Free  Beef Free  Fish Free

### PART B:

#### HEALTH PROFESSIONAL DETAILS

**PLEASE NOTE - THIS REFERRAL MUST BE SIGNED BY A HEALTH PROFESSIONAL  
(E.g. doctor, consultant, dietitian, school nurse, practice nurse, speech & language therapist)**

Name of Doctor, Dietitian or Contact Health Professional.....

Signature of Doctor, Dietitian or Contact Health Professional.....

Address.....

..... Tel No .....

Please return this form to:

Jessica Mhesuria, Senior Dietitian, City Catering, Castle Park Depot, 90 Leycroft Road, Amenity Block, Leicester, LE4 1BZ. Or email the form to: [Jessica.mhesuria@leicester.gov.uk](mailto:Jessica.mhesuria@leicester.gov.uk)

For any queries please ring duty desk after 11am on 0116 454 5060.

(Updated May 2020)