

School Meals Special Diet Request Form

The provision of a special diet will be considered for pupils who have a specific dietary need which may be due to an allergy, intolerance, medical reason, additional support need, religious, cultural, or ethical belief. We do not accept requests where a pupil may simply dislike a certain food type.

A special diet cannot be provided until your request been approved by the special diets team. Each case is carefully considered, and the information provided helps us decide how best we can support your child. We may seek specialist advice from a dietitian. We may not be able to accept your request but will discuss this with you.

We have a daily vegetarian option on our menu and a special diet request is therefore not required. Pupils should make their meal choices as normal.

Refer to the [Special Diet Guidance Notes](#) before completing a form and complete all relevant questions, otherwise this may hold up your request. Requests normally take 5 to 10 working days to process but on occasions may take slightly longer.

Please provide a packed lunch for your child until this request is authorised and a start date has been agreed.

Pupil's Surname: _____ Pupil's Forename: _____

Date of Birth: _____ Pupil's Gender: _____

Full postal address: _____

Postcode: _____ Scottish Candidate Number: _____

School of Attendance: _____ Class: _____

Parent/Guardian Name: _____

Postcode: _____ Relationship to pupil: _____

Daytime telephone number (including STD): _____

Mobile telephone number: _____

Email address: _____

Reason for submitting request:

Requesting for first time Updating current diet Attending New School
Moving from ELC to Primary Moving from Primary to Secondary

Reason for special diet: *Please see Guidance Notes for definition of Selective eater Additional

Support Needs Allergy/Intolerance Cultural belief Diabetic
Ethical reasons Medical condition Religious belief
Texture Modification *Selective eater

Other reason, not listed above (please specify): _____

If **Texture Modification** is selected, please state what modifications are required:

Does your child have any medical conditions we should know about?

Special diet to be provided. Please tick all relevant options.

Celery free	<input type="checkbox"/>	Crustacean free	<input type="checkbox"/>	Egg free	<input type="checkbox"/>	Fish free	<input type="checkbox"/>
Gluten free	<input type="checkbox"/>	Lentil only free	<input type="checkbox"/>	Lupin free	<input type="checkbox"/>	Milk/Dairy free	<input type="checkbox"/>
Mollusc free	<input type="checkbox"/>	Mustard free	<input type="checkbox"/>	Nut free	<input type="checkbox"/>	Peanut free	<input type="checkbox"/>
Pork free*	<input type="checkbox"/>	Pulses (all) free	<input type="checkbox"/>	Sesame Seed free	<input type="checkbox"/>	Soya free	<input type="checkbox"/>
Sulphite free	<input type="checkbox"/>	Wheat only free	<input type="checkbox"/>	Vegan	<input type="checkbox"/>	Halal*	<input type="checkbox"/>

If **Milk/Dairy** or **Egg** selected, please state what level of the Egg/Milk Ladder (if any) has been reached:

If your child's trigger allergen is **not** listed above, what substance(s) should be avoided? Please note this should **not** include foods your child simply dislikes.

* **Halal/Pork Free**- please provide details, including if all **pork products & gelatine** should be avoided:
If Halal food is unavailable in the school kitchen, please specify a preferred alternative:

Vegetarian Meal Vegetarian Meal with Fish None – take in packed lunch

If some foods containing the offending allergen(s) can be included, please say what these foods are, and how they can be consumed, for e.g., eggs may be eaten in baking, or milk in puddings.

Can the pupil consume products that say they ‘may contain’ any of the allergens you have selected e.g., products that may contain nuts or peanuts?

How would your child be affected if they consumed unsuitable food, for example, an upset stomach, rash, fever, choking?

How severe would the impact be if your child was to consume unsuitable food?

Life threatening Severe impact Moderate impact

Mild impact Not known No physical impact

Does your child / the school hold an Epi-pen? Yes No

How often would you like a special diet to be provided? (Please see Guidance Notes.)

Every day 4 Days 3 Days 2 Days Once a week

Has this diet been advised by a GP or Consultant? (Please see Guidance Notes.)

Yes No

If **yes**, please provide the details: -

Name: _____

Has this diet been advised by a Dietician? (Please see Guidance Notes.)

Yes No

If **yes**, please provide details:-

Name: _____

Do you use any special dietary products at home?

Are any of these products prescribed? _____

Please add any additional information you feel may be helpful.

Our [Privacy Notice](#), copy enclosed, provides more information about how we store and use data.

Please sign below to confirm you have read and understood our Privacy Statement.

Parent/Guardian Signature: _____ **Date:** _____

I confirm the details provided on this form are correct.

Parent/Guardian Signature: _____ **Date:** _____

Please return the completed form to:

Special Diets, Catering Services The Highland Council
Ruthven House Drummond Road Inverness
IV2 4NZ

Telephone: (01463) 644102

Email: Special.Diets@highland.gov.uk

Next steps

Catering Services will contact you advising if they are able to accept your request and the diet they are able to provide; where appropriate, a copy of the relevant menu will be sent to you, or they may request a meeting with you to discuss your child's requirements. Please note Catering Services may not be able to accommodate your request.

Catering Services will contact the School Cook to discuss the special diet and a suitable start date.

Please remember to let the School and Catering Services know if there are any changes to your child's special diet or if no longer required.

Please remember to provide a packed lunch for your child until this request is authorised and a start date has been agreed.

If you require further advice or information, please contact:-

Catering Services

Telephone: (01463) 644102 **Email:** Special.Diets@highland.gov.uk

For Catering Services only

Date form received by Catering Services	
Date contact with Cook	
Date contact with Parents	
Date special diet to start	
Date & initials entered onto Register	