

**The Easy Lunch Company**

**Special Dietary Request form**

SCHOOL:

CHILD’S NAME: CHILD’S YEAR GROUP:

DOES YOUR CHILD SUFFER FROM AN ALLERGY OR AN INTOLERANCE? PLEASE INDICATE WHICH BY CIRCLING THE WORD.

PLEASE SELECT FROM THE FOLLOWING LIST THE FOODS YOUR CHILD CANNOT EAT:

GLUTEN SOYA

WHEAT EGG

 DAIRY FISH (Please specify which)

PLEASE LIST ANY OTHER FOOD/S YOUR CHILD CANNOT EAT WHICH ARE NOT LISTED ABOVE:

 YOU MUST PROVIDE A PASSPORT PHOTO IN ORDER TO MAKE A CARD SO YOUR CHILD CAN BE IDENTIFIED BY THE MEAL SERVERS

 YOU MUST PROVIDE A LETTER FROM YOUR DOCTOR OR A NUTRITIONIST TO SUPPORT YOUR REQUEST. Please attach to this form.

Once this information is received a date will be set for when your child can begin having hot lunches with us. No Special Meals will be provided unless a signed form with the above information is received by The Easy Lunch Company.

SIGNATURE…………………………………….. PRINT NAME……………………………… DATE………………….

**PARENT NAME……………………………… PARENT CONTACT NO…………………………………………..**

**A copy of this form will be held by the Easy Lunch Company and the school and will be treated as confidential**. Your child’s Special Dietary meals will commence on: