

Special diet request



I, _____(name of parent)

parent of the child _____

hereby request a change to the traditional school menu
(authorised by the qualified ASL) for my child.

The following dietary restrictions are requested due to:

a food intolerance/allergies (**as per the attached mandatory medical certificate**).

food not accepted by their religious belief.(declaration of restrictions:_____)

I also confirm that I understand that the menu may, as a result of the change mentioned above, undergo nutritional variation and I relieve the school of any associated responsibility.

Signed_____

Date_____