

## Special Diet Request Form

*This form is to be completed by the unit manager once a special diet request has been made.  
This must be supported with a medical note to confirm the special diet.*

School:

Unit Manager:

RM:

Name of child:

Name of parent/guardian:

Contact details for parent /guardian:

Details of Diet Required:

Proposed Diet Start Date:

Signed (Unit Manager):

Signed (Regional Manager):

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