



## Allergy/Intolerance Diet Registration Form

Child's Name:	Date of Birth:
Name of School/Nursery:	Year:
<b>Parent / Guardian Details</b>	
Name:	Tel No:
Address:	
Dietary Details:	
<b>Health Professional Information</b>	
<b>Please note that this section must be completed by a medical professional (GP, NHS Dietician, Paediatric Specialist), or accompanied by a letter from a medical specialist stated below.</b>	
I confirm that (child's name): _____	
Follows a (name of diet): _____	
And will require an appropriately modified school lunch.	
Signed by (Medical Professional):	
Name:	Position:
Address:	
Tel No:	Date:
<b>In making this request for a medical diet, I acknowledge that whilst employees of Clackmannanshire Council will make every reasonable effort to comply with my child's dietary requirements, on occasion this may not be possible due to the manufacturer's variation to some of their food items.</b>	
Parent/Guardian's signature:	
Date:	

This form should be fully completed and returned to the Catering Department via your school or direct to Class Cuisine, 21 Main Street, Sauchie, FK10 3JR, e: [classcuisine@clacks.gov.uk](mailto:classcuisine@clacks.gov.uk).

If you have any questions regarding the form, please contact Class Cuisine direct on 01259 452193. Do not go through your school.

This registration form will be reviewed annually.