



Leicestershire Nutrition and Dietetic Service

MEDICAL DIET – SCHOOL MEALS REQUEST FORM

(Only complete this form if your child needs a school menu for a medical reason and is planning to have school meals)

PART A: (Please complete all sections in CAPITAL LETTER)

CHILD'S DETAILS

Child's Name.....

Date of Birth Male Female

Address.....

..... Post Code

PARENT / GUARDIAN DETAILS

Contact Name.....

Contact Phone Number.....

Email Address.....

In making this request for a medical diet, I acknowledge that whilst employees of the City Council will make every reasonable effort to comply with my child's dietary requirements, this is not always possible because of manufacturers' variations to food items, which are outside our control.

Signed..... Date.....

SCHOOL DETAILS

Name of School.....

DIETARY DETAILS

Details of Special Dietary Requirements.....

As well as requiring a special menu is your child following a (Please tick all that apply) Vegetarian Diet

Halal Diet

Pork Free

Lamb Free

Beef Free

Fish Free

PART B:

HEALTH PROFESSIONAL DETAILS

PLEASE NOTE - THIS REFERRAL MUST BE SIGNED BY A HEALTH PROFESSIONAL (E.g. doctor, consultant, dietitian, school nurse, practice nurse, speech & language therapist)

Name of Health Professional.....

Signature of Health Professional.....

Address.....

..... Tel No

Please return this form by email to: Jessica.mhesuria@leicester.gov.uk Or by post: Jessica Mhesuria, Senior Dietitian, City Catering, Castle Park Depot, 90 Leycroft Road, Amenity Block, Leicester, LE4 1BZ.

For any queries, please ring duty desk after 11am on 0116 454 5060.

(Updated May 2024)