



### Special Dietary Request

Child's Name: .....Year/Class: .....

Type of Diet: .....

Medical: .....  
(e.g. allergy)

Religious: .....

Ethical: .....  
(e.g. vegetarian)

Please print specific details. Identify food that the child is / is not allowed to eat:

Non-Suitable Foods	Suitable or Substitute Foods

**DOES YOUR CHILD HAVE A SIGNIFICANT OR LIFE THREATENING FOOD ALLERGY?** YES NO (PLEASE CIRCLE)

<b>TO BE COMPLETED BY THE ACADEMY</b> The following is required for <u>medical diets only</u>	
<u><b>EMERGENCY PROCEDURES FOR USE OF AN ADRENALINE AUTO INJECTOR (AAI)</b></u>  <b>Where is the AAI located?</b>  <b>Administered by whom?</b>	<b>Details: (academy to complete)</b>
<b>Local arrangements for identification of child agreed and emergency procedure in place</b>	<b>Details: (academy to complete)</b>

Signature: .....  
*Parent/Guardian*

Print Name: .....  
*Parent/Guardian*

Signature: .....  
*Academy Representative*

Print Name: .....  
Position: .....

Signature: .....  
*Caterer*

Print Name: .....

Date: .....