



Special Dietary Requirements

Please complete and return this form for any student who requires a special diet.

Name: Year/Class

Please select :

VEGETARIAN

GLUTEN INTOLERANCE

LACTOSE INTOLERANCE

Food allergies (please specify):

Please provide any relevant information about the intolerance/allergy:

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How severe is your allergy/intolerance (can trace amounts be eaten)?

What are the symptoms of a reaction?.....

.....

Signature of Parent/Guardian:

Name:

Date: