



# Special Dietary Requirements

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

Name: ..... Year/Class .....

Please tick the box(es) that apply to you:

Vegetarian: **Y/N**

Gluten intolerant: **Y/N**

Lactose intolerant: **Y/N**

Food allergies (please specify): .....

Please provide any relevant information about the intolerance/allergy: .....

.....

.....

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

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

.....

Signature of Parent/Guardian: .....

Name: .....

Date: .....

