



This form is for parents to complete if your child has a special dietary requirement. The information provided will be used to inform the School and School Caterers when providing meals for your child. **Please return this form to the school office to start the Special Diet Registration process.**

SECTION 1. DETAILS OF THE PUPIL			
Pupil's name:			
School name:			
Address (including postcode):			
Gender:		Date of Birth:	
Class/Form:			
Details of pupils Special Medical Dietary Requirement:			
SECTION 2. CONTACT DETAILS			
Name of contact:			
Daytime telephone number:		Mobile telephone number:	
Relationship to pupil:			
Address (including postcode)			
SECTION 3. MEDICAL DETAILS (Parent/carers of children with special diets please attach medical letter if available)			
Address (including postcode):			
Contact number:			
SECTION 4. PARENT/CARER SIGNATURE			
Signed:		Date:	

It is the responsibility of the parent/carer to notify both the school chef and the school office in writing of any changes to dietary requirements previously agreed. Any queries please contact SpecialMedicalDietEnquiries@nottscc.gov.uk

We collect the above data in order to help us provide school catering services. We will store it securely and manage it in accordance with GDPR principles. For more information, please see <https://www.nottinghamshire.gov.uk/media/1533665/schoolcateringandfacilitiesprivacynotice.pdf>

