



Special Diet /Allergy Form

We are committed to provide meals for our children requiring a special diet for medical purposes, it is very important that all forms are accompanied with medical evidence from your child's medical professional (Consultant or Dietician) this is typically the child's allergy action plan or care plan.

Please be advised that it may take up to 3 working weeks to complete a menu after the medical evidence has been received and confirmed with our nutrition team.

This form is to be completed by the parent or guardian and sent back to The Pantry nutrition team on nutrition@thepantrycatering.co.uk

Student Information

Childs Full Name : _____

School Name: _____

Year group: _____

Class name: _____

Confirmed Allergies : _____

Medical conditions: (Please tick which apply)

Diabetic	<input type="checkbox"/>
Coeliac	<input type="checkbox"/>
G6PD	<input type="checkbox"/>
PKU	<input type="checkbox"/>

Parent/Guardian Information.

Full Name : _____

Relation to child : _____

Preferred contact number: _____

Email address: _____

Please ensure you have emailed all medical documentation to nutrition@thepantrycatering.co.uk with this form as we will not be able to create a special diet for your child without this information.

Parent/Guardian Signature: _____

Date: ____/____/____

Please ensure if your child's allergies change you contact The Pantry to update our records.

All information will be kept strictly confidential in accordance to the Data Protection Act and only shared with your child's school.