

Child's Name:- \_\_\_\_\_

Child's current food requirements:-

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Child's new food requirements:-

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This has been requested by the child's doctor YES/NO

This is a parental choice YES/NO

This is a religious belief YES/NO

My child's new dietary requirements should take effect from:-  
\_\_\_\_\_ (Please state the date)

A medication plan needs to be introduced YES/NO

My child's current medication plan needs to be amended YES/NO

Any further information if needed:-

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Parent's signature:- \_\_\_\_\_ Date:- \_\_\_\_\_

Parent's signature:- \_\_\_\_\_ Date:- \_\_\_\_\_

Key Person's Signature with date to acknowledge this information:-

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