

THE CITY OF EDINBURGH COUNCIL

MEDICAL DIET – SCHOOL/NURSERY MEALS REQUEST FORM

**CHILD'S DETAILS**

Child's Name..... Date of Birth..... Male  Female

Address.....

.....Post Code.....

To identify your child it would help if the kitchen had a photo of your child. Please tick the box if you are providing a photo of your child and that you give your consent for it to be displayed in the school/nursery kitchen along with their name and dietary requirements. Please note: other school related staff and contractors may have access to the school kitchen. You can withdraw this consent at any time by contacting your school catering team. (Please send photo to your school/nursery kitchen)

**PARENT / GUARDIAN DETAILS**

Contact Name.....

Contact Address.....  
(If different from above)

Contact Phone Number.....

In making this request for a medical diet, I acknowledge that whilst employees of the Council will make every reasonable effort to comply with my child's dietary requirements, this is not always possible due to the manufacturers' variations to food items, which are outside our control.

Signed.....

**SCHOOL/ NURSERY DETAILS**

Name of School/Nursery .....

School/Nursery Address .....

Is the Head teacher involved? (Please tick a box) YES  NO  School/Nursery year.....

**DIETARY DETAILS**

Details of Special Dietary Requirements .....  
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**HEALTH PROFESSIONAL DETAILS**

PLEASE NOTE - THIS REFERRAL MUST BE SIGNED BY A HEALTH PROFESSIONAL  
(e.g. doctor, consultant, dietitian, school nurse, practice nurse, speech & language therapist)

Name of Doctor, Dietitian or Contact Health Professional.....

Signature of Doctor, Dietitian or Contact Health Professional.....

Address.....

.....\*Tel No:.....