

# Special Diet Form – NON MEDICAL

To be completed when a child is on a special diet for reasons of a **non-medical** nature eg cultural or religious reasons, vegetarian diet, or parent belief that a certain food causes discomfort. This form is **NOT FOR ALLERGIES OR SENSITIVITIES CONFIRMED BY A DOCTOR** .

If a special diet is required for a proven medical condition (eg coeliac disease, lactose intolerance) a Care Plan must be provided by a Doctor.

Child's name \_\_\_\_\_ DOB \_\_\_\_\_

1. Reason for the child's special diet. Please tick relevant box

religious / cultural

parental decision

Other, please specify

2. What are the foods and substances that the child must avoid?

---

---

---

3. Please list in detail, alternative foods the child can have instead so that no food groups are excluded ( eg no eggs, dairy food; tofu, beans instead of meat for vegetarian diets) – *The centre will provide soy milk for children who require it. Any other dietary substitute for a non-medical reason must be provided by the parent.*

---

---

---

4. How long will the child be on this special diet?

---

---

---

\_\_\_\_\_  
Date Parent/guardian Signature

To help the centre continue to provide your child with adequate nutrition and protection from potentially harmful foods, this form must be reviewed very 6 months or whenever more up to date information is available.

Date for review: \_\_\_\_/\_\_\_\_/\_\_\_\_

**If a parent feels a child is “sensitive” or “allergic” to a particular food group then it is strongly recommended that a Doctor or Health Professional confirms this and a Medical Care Plan is provided by the Doctor or Health Professional.**