North Lanarkshire Council

#### Medically Prescribed Diet - Form 1a

**This form can be signed by either the child's Medical Practitioner, Registered Dietitian or where appropriate Speech and Language Therapist to confirm the diagnosis.**

**All correspondence to NLC is via email. Please return completed and signed form to: SpecialDiet@northlan.gov.uk**

**Personal Information**

|  |  |
| --- | --- |
| Childs Name: |  |
| Date of Birth: |  |
| Name of Parent / Guardian: |  |
| Tel No: |  |
| Home Address:  |  |
| **Email:** |  |
| Name of school, nursery or other catering unit: |  |
| If nursery, which days is your child in attendance: |  |

**Information Regarding The Medical Diet Required**

|  |  |
| --- | --- |
| Diagnosis:  |  |
| Type of special diet required:  |  |
| Reaction / Symptoms |  |
| Medication used for management: |  |
| Type of Food / Drinks to be avoided: |  |
| Name & work address of Dietitian / Medical Practitioner requesting diet: |  |
| Contact number of Dietitian/Medical Practitioner:  |  |
| **Signature of Dietitian/Medical** **Practitioner:** |  |
| Please enclose: | **Any relevant diet sheets.** |