North Lanarkshire Council

#### Special Diet - Form 1b

**This should be completed in cases of special dietary requests. These include veganism, religious diets or diets to meet additional support needs.**

**Please note for a medically prescribed diet form 1a needs to be completed.**

**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 Diet Required**

|  |  |
| --- | --- |
| Diagnosis/ lifestyle choice / religion: |  |
| Type of diet required: |  |
| Any Reactions / Symptoms: |  |
| Type of Food / Drinks to be avoided: |  |
| Name of any supporting medical professionals:Telephone contact:Date: |  |
| Signature of Parent: |  |