

# SPECIAL DIETARY REQUEST FORM



**THE  
HESSLE  
ACADEMY**

If it is your intention to have a meal provided by our catering company during transition week, we would be grateful if you could please complete the information below. The information will then be reviewed, and our Catering Manager will be in touch to advise whether a special diet menu can be provided for your child.

Thank you for your support.

LEARNER INFORMATION	
Legal Surname:	
Legal Forename:	
Date of Birth:	

ALLERGY INFORMATION (please select)									
Celery		Gluten		Crustaceans		Eggs		Fish	
Lupin		Milk		Molluscs		Mustard		Nuts	
Peanuts		Sesame Seeds		Soya		Sulphur Dioxide			

OTHER: (Please specify below). Please be aware that if your child's allergy is not listed above, medical evidence is required. Without this, we are unable to provide a special diet menu for your child.

Please complete as below:							
Vegetarian		Vegan		Halal		Pescetarian	
Symptoms of Allergy:							
Treatment required:							
Epi Pen required for anaphylaxis	Yes				No		



**OTHER INFORMATION: (Please specify below).**

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Name of Parent/Carer	
Signature of Parent/Carer	
Date Signed:	