

Special Dietary Requirement Request Form

If your child has any special dietary requirements, please complete the form below and return it to Mrs Barber, Catering Supervisor, Parkroyal Community School

Parent/Guardian contact information
Name
Address
Postcode
Contact telephone number
Mobile number
Email address
Name of child with special dietary requirements
Class of child
Please provide details of your child's special dietary requirements: Medical diagnosis (to be supported by a note of confirmation from a medical practitioner) Allergy/Intolerance (to be supported by a note of confirmation from a medical practitioner) Religious beliefs (please provide foods not permitted)
Signed (parent/guardian)