



## Highcliffe St Mark Primary School New Starter Special Diet Request: Sept 2025- 2026

Our kitchen team prepare nutritious, well-balanced meals to meet the needs of our children. Sometimes children need a different diet, and our kitchen will, wherever possible, make swaps so that these children can enjoy the same or a similar meal to their friends. For example, swapping pasta for gluten free pasta.

Please complete this form if you want to request a special diet for your child. We cannot create a special diet for children based on a child or parents' personal tastes or preferences.

### Criteria for having a special diet

If your child meets one of the following criteria, a special diet can be created for them. Your child must have one of the following:

- A diagnosed food allergy or intolerance. For example, Dairy, Pea, Gluten etc.
- A diagnosed medical condition, that affects the foods choices they can make. For example, a child cannot have coconut, because they can't break down the fat in coconut.
- A recommended process of food elimination due to a suspected allergy or intolerance.

Please can you provide us with medical evidence to support this request. For example, a doctor's letter, or an Allergy Action Plan.

### Children undergoing a diagnosis

We will do our best in school to support children going through the process of being diagnosed for an allergy or intolerance. During this time, a period of eliminating the possible allergen or intolerance may be advised.

### Vegetarian and Vegan options

Everyday our menu has a meat/fish, vegetarian, and a jacket potato option. Children who are vegetarian, do not need a special diet unless the child also meets one of our criteria.

Our menu illustrates which of the vegetarian options contain ingredients that are not suitable for a vegan. Children who are vegan, do not need a special diet unless the child also meets one of our criteria.

### Nuts and Sesame

Although our school is nut and sesame free, please complete a special diet form, so that our kitchen is aware of your child's needs.



### 1.0 Child's Information

**Child's Name:**

**Date of Birth:**

**Class (if known)**

**Photo:** Please provide a photo of your child, this will be used as an aid until your child has their school photo taken.

### 2.0 Reason to request special diet

Please indicate which of our special diet criteria your child meets?

- A diagnosed food allergy or intolerance - Y/N
- A diagnosed medical condition that affects your child's food choices. - Y/N
- A recommended process of food elimination due to a suspected allergy or intolerance. - Y/N

### Diagnosed Food Allergies or intolerance

Please write below the diagnosed food allergies or intolerances your child has.



### Diagnosed Medical Condition

Please write below the name of the diagnosed medical condition that your child has. Please let us know how this affects the food choices that they can make. Please give an example of a food that they cannot have.

### 5.0 Parental Agreement and Signatures

Parental Agreement:

- I agree that this information can be shared with school staff to ensure that \_\_\_\_\_ dietary needs are met.

Signed Parent/Carer:

Date: