



SCHOOL MEAL SERVICE

PROVISION OF MEDICALLY PRESCRIBED DIETS

ADVICE FOR PARENTS AND GUARDIANS

Please return the information to :
Nia Davies
Menu Development Officer
Catering Department
Pembrokeshire County Council
County Hall
Haverfordwest
SA61 1TP

Tel: 01437775250

Email : nia.davies@pembrokeshire.gov.uk

Welsh forms are available, please contact
our Menu Development Officer

A medically prescribed diet is one which has been prescribed by a doctor i.e. General Practitioner (GP) or hospital Doctor / Dietician.

Q Can my child have school lunches?

Yes, school lunches can be provided for children requiring medically prescribed diets.

Q What do I have to do to arrange for my child to have a school lunch?

Contact Nia Davies, Menu Development Officer on tel: (01437) 775250

School lunches will only be provided when this form has been completed and returned to the menu Development Officer (address overleaf).

Q What will happen after the form is received by the menu development officer?

On receipt of the form the school and Cook in Charge will be informed of your child's needs for a medically prescribed diet, thereafter your child will be provided with an appropriate menu which will be updated every May and November.

Q Do I have to take any further action?

No, however if the 'special diet' is no longer required, please contact our Menu Development Officer. (Contact details overleaf)

Q My child is allergic to nuts, can lunch be provided?

Yes, but a disclaimer form will need to be completed. Please contact our Menu Development Officer Nia Davies to obtain a form (contact details overleaf)

Q My child is vegetarian / vegan, can lunch be provided?

Yes, please tick the box and complete **Section A only**, returning the form to the address overleaf.

Vegetarian Vegan

Q My child requires a special diet due to his / her religion, can lunch be provided?

Yes, please state religion and the diet required. Complete **Section A** only and return the form to the address overleaf.

Religion:

Diet required:

Complete this page of the form if you require a medically prescribed diet. Arrange for **Section C** to be completed by either a Doctor or registered Dietician. Send the completed form to the address overleaf.

Section A

TO BE COMPLETED BY PARENT / GUARDIAN

Your details:

Name:

Date of Birth:

Address:

School:

Section B

MEDICALLY PRESCRIBED DIET: (PLEASE TICK)

- | | |
|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> Diabetic | <input type="checkbox"/> Egg free |
| <input type="checkbox"/> Gluten free | <input type="checkbox"/> Wheat free |
| <input type="checkbox"/> Milk free | <input type="checkbox"/> PKU |

Other please state:

Section C

TO BE COMPLETED BY DOCTOR OR REGISTERED DIETICIAN.

I confirm

follows a diet
and will require an appropriately modified school lunch.

Name

Signature

Surgery/Hospital address

