

PLACE

Class Cuisine, 21 Main Street, Sauchie FK10 3JR
Telephone: 01259 452191/452193



**Clackmannanshire
Council**

www.clacks.gov.uk

Comhairle Siorrachd
Chlach Mhanann

Special Diet Registration Form

Child's Name:	Date of Birth:
Name of School/Nursery	Year:
<u>Parent / Guardian Details</u>	
Name:	Phone No:
Address:	
Dietary Details:	
<u>Health Professional Information</u>	
<i>PLEASE NOTE THIS SECTION MUST BE COMPLETED BY A MEDICAL PROFESSIONAL (GP, NHS DIETICIAN, PAEDIATRIC SPECIALIST) OR ACCOMPANIED BY A LETTER FROM A MEDICAL SPECIALIST STATED ABOVE</i>	
I CONFIRMFOLLOWS A	
DIET AND WILL REQUIRE AN APPROPRIATELY MODIFIED SCHOOL LUNCH.	
SIGNED BY (MEDICAL PROFESSIONAL):	
Name:	Position:
Address:	
Tel No:	
IN MAKING THIS REQUEST FOR A MEDICAL DIET, I ACKNOWLEDGE THAT WHILST EMPLOYEES OF THE COUNCIL WILL MAKE EVERY REASONABLE EFFORT TO COMPLY WITH MY CHILD'S DIETARY REQUIREMENTS, ON OCCASION THIS MAY NOT BE POSSIBLE DUE TO THE MANUFACTURERS VARIATION TO SOME OF THEIR FOOD ITEMS.	
PARENT / GUARDIANS SIGNATURE:	
THIS FORM SHOULD BE FULLY COMPLETED AND RETURNED TO THE CATERING DEPARTMENT VIA YOUR SCHOOL OR DIRECT TO CLASS CUISINE AT ADDRESS ABOVE. IF YOU HAVE ANY QUESTIONS REGARDING THIS FORM PLEASE CONTACT THE CATERING DEPARTMENT DIRECT ON 01259 452191/452193 DO NOT GO THROUGH YOUR SCHOOL. THIS REGISTRATION FORM WILL BE REVIEWED ANNUALLY.	