



The Easy Lunch Company Special Dietary Request form

SCHOOL:

CHILD'S NAME:

CHILD'S YEAR GROUP:

DOES YOUR CHILD SUFFER FROM AN ALLERGY OR AN INTOLERANCE? PLEASE INDICATE WHICH BY CIRCLING THE WORD.

PLEASE SELECT FROM THE FOLLOWING LIST THE FOODS YOUR CHILD CANNOT EAT:

GLUTEN

SOYA

WHEAT

EGG

DAIRY

FISH (Please specify which)

PLEASE LIST ANY OTHER FOOD/S YOUR CHILD CANNOT EAT WHICH ARE NOT LISTED ABOVE:

CAN YOU PLEASE PROVIDE A PASSPORT SIZE PHOTO SO YOUR CHILD CAN BE IDENTIFIED BY THE MEAL SERVERS?

CAN YOU PLEASE PROVIDE A LETTER FROM YOUR DOCTOR OR A NUTRITIONALIST TO SUPPORT YOUR REQUEST?

Once this information is received a date will be set for when your child can begin having hot lunches with us. No Special Meals will be provided unless a signed form with the above information is received by The Easy Lunch Company.

SIGNATURE..... PRINT NAME..... DATE.....

PARENT

PARENT CONTACT NO.

SIGNATURE..... PRINT NAME..... DATE.....

EASY LUNCH

A copy of this form will be held by the Easy Lunch Company and the school and will be treated as confidential. Your child's Special Dietary meals will commence on: