



Special Diet Plan

To be completed when a child is on a special diet of **non-medical nature** eg cultural or religious, vegetarian diet.

Child's Name: _____ Date of birth: ____/____/____ Date of Plan: ____/____/____
Date to be reviewed by Parent/Guardian: ____/____/____

1. Reason for the child's special diet: Please tick the relevant box.

☐ Religious/cultural

☐ Parental decision

☐ Other(**Non- Medical**), please specify _____

2. What are the foods and substances that the child must avoid?

3. Please list in detail alternative foods the child can eat:

4. Please provide details of any special feeding routine, eg meals at particular times or intervals, providing extra food to meet increased calorie needs.

5. How long will the child be on this special diet?

Parent/Guardian Name: _____ Signature: _____ Date: ____/____/____

To help your Carer to continue to provide your child with adequate nutrition and protection from potentially harmful substances, this form must be reviewed every 6 months, or sooner if new information becomes available.

1st REVIEW

Date Reviewed ____/____/____ No Change / I have completed a new form (please circle)

Parent/Guardian Name: _____ Signature: _____

