

Using your personal information – This information is processed in accordance with the General Data Protection Regulation 2016, for the purpose of processing and administering matters relating to special diets in schools. Your personal data will only be processed to the extent that is necessary for the exercise of official authority vested in the controller. For further information on how your information and your rights to access information we hold on you, please contact the Catering team below.

Pembrokeshire County Council



## **SCHOOL MEALS SERVICE**

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# PROVISION OF MEDICALLY PRESCRIBED DIETS

Please return the information to :  
Nia Davies  
Nutritional & Systems Manager  
Catering Department  
Pembrokeshire County Council  
County Hall  
Haverfordwest  
SA61 1TP

Tel: 01437775250

Email : [nia.davies@pembrokeshire.gov.uk](mailto:nia.davies@pembrokeshire.gov.uk)

# **ADVICE FOR PARENTS AND GUARDIANS**

Welsh forms are available, please contact our  
Nutritional & Systems Manager  
(Contact details listed above)

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, Nutritional & Systems Manager on tel: (01437) 775250

School lunches will only be provided when this form has been completed and returned to the Nutritional & Systems Manager (address overleaf).

**Q** What will happen after the form is received by the Nutritional & Systems Manager?

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 Nutritional & Systems Manager (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**

**Child's 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 \_\_\_\_\_

