

# Pembrokeshire County Council

## School Meals Service



### Primary schools special diet request form for medically prescribed diets

#### To be completed by a medical professional

We can only provide a medically prescribed menu when the child's diagnosis and dietary requirements have been confirmed by a qualified medical professional. (e.g. GP, Hospital Consultant or Dietician)

Please complete this section or provide a recent clinical letter confirming the diagnosis and required diet.

**Child's full name**

**Date of birth**

**Name of dietitian or medical practitioner**

**Practice, surgery or hospital**

**Details of the diagnosed condition and required diet**

**Signature of medical professional**

**Date**

**Professional identification** (Practice stamp, hospital stamp, or HCPC registration number)