



NOTIFICATION OF SPECIAL DIET

Notification received:

Customer's basic information Child's guardian fills this part	Last name	
	First name	Year of birth
	Day care centre/School	Group/Class
	Guardian	Telephone/e-mail
Special diet based on medical grounds MEDICAL CERTIFICATE REQUIRED	<input type="checkbox"/> Diabetes <input type="checkbox"/> Coeliac, cannot eat oats <input type="checkbox"/> Coeliac, can eat gluten-free oats <input type="checkbox"/> Coeliac, cannot eat gluten-free wheat starch <input type="checkbox"/> Food allergy with severe symptoms <input type="checkbox"/> Epinephrine auto-injector as backup	
Diet specifications, e.g. allergies to spices	Foods to be avoided _____ _____ _____ _____ _____ _____ _____	Risk of life threatening allergic reaction <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Nurse or guardian fills this part	Medical certificate presented <input type="checkbox"/> Certificate dated: _____	Does not need to be renewed: diabetes, Coeliac disease, adult customers
Other diet, no medical certificate	<input type="checkbox"/> Lactose-free diet, congenital lactase deficiency <input type="checkbox"/> Vegetarian diet (lacto-ovo) Eats <input type="checkbox"/> fish <input type="checkbox"/> poultry <input type="checkbox"/> Vegan diet, totally free of any animal products <input type="checkbox"/> Diet based on beliefs or religion, these will be replaced with vegetarian food (e.g. no pork, no beef, kosher, or no blood-based foods)	
Other considerations, such as foods that the student/customer separates personally during meals		
Changes in diet	All changes in diet must be informed with a new notification of a special diet. In day-care notification are delivered into day-care groups or to the director of the centre. In school notifications are delivered to the school nurse.	
SIGNATURE	Date	Guardians/customer's signature