 



**Leicestershire Nutrition and**

**Dietetic Service**

**LTS CATERING**

**MEDICAL DIET - PRIMARY, NURSERY OR SPECIAL SCHOOL MEALS REQUEST FORM**

**Only complete this form if your child needs a medical diet for a medical reason and is planning to have school meals at least weekly**

**PART A Please complete all sections in CAPITAL LETTERS**

**CHILD’S DETAILS**

Child’s Name ………………………………………………………………………………………………….………

Date of Birth ……………………………...…… Male Female

Address ……………………………………………………………………………………………………………….

………………………………………………………………………………… Postcode ……………………….…. To identify your child, it would help if the school/nursery kitchen had a photo of them. Please tick the box to confirm that you are giving consent for a photo to be displayed in the school/nursery kitchen

(please read the ‘frequently asked questions’ section for more information)

**PARENT/GUARDIAN’S DETAILS**

Name …………………………………………………… Phone Number ………………………………….……. Email Address ……..………………………………………………………………………………..………….……

In making this request for a medical diet menu, I acknowledge that whilst employees of the County Council will make every reasonable effort to comply with my child’s dietary requirements, this is not always possible because of manufacturers’ variations to food items, which are outside our control.

Signed ………………………………………………………………..… Date……………………………….…....

**SCHOOL/ NURSERY DETAILS**

Name and Address of School/Nursery ……………………………………………………………...…………….

…………………………………………………………………………………………………………………….……

**DIETARY DETAILS**

Details of Special Dietary Requirements ………………………………………………………………….………

…………………………………………………………………………………………………………………………. As well as requiring a medical diet menu, is your child also following a: (please tick all that apply)

Vegetarian Diet

Meat Free Diet

Beef Free Diet

Pork Free Diet

**PART B PLEASE NOTE: this form MUST BE SIGNED BY A HEALTH PROFESSIONAL e.g. Doctor,**

**Consultant, Dietitian, School Nurse, Practice Nurse, Speech & Language Therapist**

**HEALTH PROFESSIONAL’S DETAILS**

Name ………………………………………………………. Signature …………………….……………………... Address…………………………………………………………...……………………………………………………

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**Please return to: School Meals Dietitians, Leicestershire Traded Services, Room G10, County Hall, Glenfield, Leicester, LE3 8RA (tel no: 0116 305 7058) or email:** [**SMD@leics.gov.uk**](mailto:SMD@leics.gov.uk) **(photos/scanned copies of form accepted - please ensure it is clear)** (Updated May 2022)

**Leicestershire Nutrition and Dietetic Service**

Dear Parent/Guardian

# Re: Requesting a Medical Diet Menu - notes for completing the medical diet - school meals request form

# LTS Catering Room G10, County Hall, Glenfield, Leicester LE3 8RA

**Email:** [**SMD@leics.gov.uk**](mailto:SMD@leics.gov.uk) **Tel: 0116 305 7058**

***Only complete this form if your child needs a medical diet for a medical reason and is planning to have school meals at least weekly***

Please complete all of **Part A** of the medical diet - school meals request form if your child has either an allergy or an intolerance to a food(s) or if they need to follow a medical diet for another medical reason.

**Part B** must be completed **and signed** by a Health Professional (e.g. Doctor, Consultant, Dietitian, School Nurse, Practice Nurse or Speech & Language Therapist) before a medical diet menu can be provided. For more information, please read the ‘frequently asked questions’ on the next page.

Once the form has been completed, either email or post it back to us using the address at the bottom of the form **and keep a copy for your records.** When we have received the form, you will either receive a medical diet menu for your child by email or be contacted by phone to discuss your child’s medical diet requirements.

**Please allow 4-5 school weeks for your menu to arrive.** At busy times (usually June-October) this can take up to 6-8 school weeks.

Once you have received your child’s menu, we ask that you contact your school cook to confirm that you are happy with the menu and to discuss a start date. Your child’s school cook will also get a copy of the menu.

To protect the health and safety of your child until you have confirmed the start date for your child’s medical diet menu, or you have completed a disclaimer form (see next page for more information on the disclaimer form), your child should have a packed lunch provided from home.

The School Meals Dietitians will make every reasonable effort to cater for all pupils’ medical needs, but for some really complicated dietary requirements this may not be possible. In this situation, we will contact you to discuss the options available and this may be to have a packed lunch provided from home.

Thank you for taking the time to read this information and please do not hesitate to contact us if you have any further queries or concerns.

Yours sincerely,

Jessica Mhesuria & Caroline Lancaster School Meals Dietetic Team

**Frequently Asked Questions**

# What if my child does not need a medical diet menu, but has other religious/cultural (e.g. pork/beef free) or personal (e.g. vegan) dietary needs?

Do not complete this form as this is NOT classed as a medical diet. Instead, please inform your child’s school and they will let the school catering team know to provide suitable options.

# What if my child dislikes certain foods?

Do not complete this form as this is NOT classed as a medical diet. We are unable to cater for individual likes and dislikes.

# Why does a Health Professional need to sign Part B of the form?

The form needs to be signed by a Health Professional to confirm that your child needs to follow a medical diet. This is to prevent parents/guardians requesting very restrictive medical diets which could be harmful to their child without the support of a Healthcare Professional. Although your child’s medical diet requirements may not be too restrictive, the same rules apply for all medical diets that are requested, to protect the health of the child. Without a Health Professional’s signature, your form will not be processed.

# What if I cannot get this form signed by a Health Professional?

We will also accept a copy of a recent letter from a Health Professional stating the food(s) that must be avoided or the type of medical diet needed (e.g. pureed/soft options). Due to the Covid pandemic, we will accept letters that are up to two years old.

Your Doctor or other Health Professional should not charge you to sign this form, as the Dietitian who will complete the medical diet menu works for the NHS.

# Can I email a photo or scanned copy of the medical diet request form?

Yes, we will accept a photo or a scanned copy of the form, but please make sure you write in capital letters and take a close-up photo.

**What if we can manage our child’s medical dietary needs without a medical diet menu?** We understand that for some children their dietary requirements can be managed without a medical diet menu. If this is the case, please complete our disclaimer form, which is available from your school office. Please note: school menus cannot be altered with this option.

# Why do I need to give photo consent on the medical diet request form?

We would recommend that all parents give consent, as this does make it easier for school catering teams to recognise your child. It will also ensure that they get the correct medical diet meal. Please tick the box on the form and **send a photo of your child to your school kitchen.**

Please note: other school-related staff and contractors may have access to the school kitchen and you can withdraw this consent at any time by contacting your school catering team.