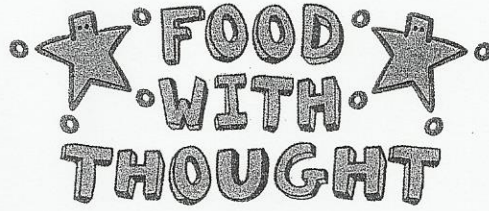


Special Diets Request Form

Please complete and take to the Catering Supervisor at your child's School



Childs Name: Age:

School:

Parents Name: -

Dietician: -

Type of diet requested/ Allergy identified: -

Please print specific details and identification of foods that the child may / may not eat: -

Suitable Foods	Non-Suitable Foods

Parent Signature: Date.....

Catering supervisor Signature: Date.....

District Manager Signature: Date.....

A Copy of this from should be held in the Production Kitchen/Servery and the original sent to the District Manager at FWT, Central Offices, Peers Campus, Sandy Lane West, Littlemore, OXFORD, OX4 6XS