



SPECIAL DIET REQUEST FORM

Please complete and return to the Chef Manager

Childs Name: Age:

School:

Type of diet requested/Allergy Identified:

Please print specific details and identification of foods that may/may not be eaten by the child

SUITABLE FOODS	UNSUITABLE FOODS

Parent / Guardian Signature: Date:

Chef Manager Signature: Date:

The School Lunch Company

This form to be displayed in production kitchen or server, a copy sent to head office