

# Milford Infant School

## Dietary Requirement Menu Request Form

<b>Name of Child</b>	
<b>Class</b>	
<b>Name of Parent/Guardian</b>	
<b>Dietary Requirements</b>	
<b>Allergy diagnoses</b> <i>*medical evidence from health professional must be provided</i>	<input type="checkbox"/> Gluten <input type="checkbox"/> Lactose/Dairy <input type="checkbox"/> Egg <input type="checkbox"/> Nut <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">Please specify type of Nut(s)</div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">Other allergy (please specify)</div>
<b>Dietary Intolerance</b> <i>*please ensure appropriate choices are made on Arbor</i>  <i>If you need any assistance, please speak to the Kitchen Manager</i>	<input type="checkbox"/> Gluten <input type="checkbox"/> Lactose/Dairy <input type="checkbox"/> Egg <input type="checkbox"/> Nut <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">Please specify type of Nut(s)</div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">Other intolerance (please specify)</div>
<b>Any other information</b>	
<b>Signed by Parent/Guardian</b>	

### OFFICE USE ONLY

<b>Kitchen Manager signature</b>					
<b>Date</b>					
<b>Special menu agreed with parent</b>	<input type="checkbox"/>	<b>Letter from medical professional received</b>	<input type="checkbox"/>	<b>Information input on Arbor</b>	<input type="checkbox"/>