

Parent/guardian details

SECTION B – TO BE COMPLETED BY MEDICAL PROFESSIONAL (e.g. GP, Doctor, Dietitian)

Please note: we cannot process this form or provide a menu without the support of the child's health team. Please ask your child's GP/Dietitian/Health Professional to sign where indicated below or supply a recent letter confirming the diagnosis and required diet.

Medical referral

Via email to: _____

Please note that special diets are catered for differently at Secondary School.

Please contact the Central Office via e-mail for further details before your child commences at Secondary School or if your child changes Primary School.
