

Ceredigion County
Council



**SCHOOL MEALS
SERVICE**

Please return the information to:

Gill Jones or Mandy Jones

Catering Department

Ceredigion County Council

Rhodfa Padarn,

Llanbadarn Fawr

Aberystwyth.

SY23 3UE

Tel –01970 633679

Email: Gill.Jones2@Ceredigion.gov.uk

Mandy.Jones@Ceredigion.gov.uk

PROVISION OF SPECIAL DIETS

**ADVICE FOR
PARENTS AND
GUARDIANS**

Q My child is vegetarian/vegan, can lunch be provided?

Yes, please tick the box and complete **Section A only**, returning the form to the address overleaf.

Vegetarian

Vegan

Q My child requires a special diet due to his/her religion, can lunch be provided?

Yes, please state religion and the diet required. Complete **Section A** only and return the form to the address overleaf.

Religion: _____

Diet Required _____

Send the completed form to the address overleaf.

Medically Prescribed Diet

A medically prescribed diet is one which has been prescribed by a doctor i.e. General Practitioner (GP) or Hospital Doctor/Dietician

Q Can my child have school Lunches?

Yes, school lunches can be provided for children requiring medically prescribed diets.

Q What do I have to do to arrange for my child to have a school lunch ?

Contact Gill Jones on 01970633679

School lunches will only be provided when this form has been completed and returned to the Catering Officers (address over leaf)

Q What will happen after the form is received by the Catering Officer?

On receipt of the form the School and Cook in Charge will be informed of your child's needs for a medically prescribed diet, thereafter your child will be provided with an appropriate menu which will be updated every May and November. The school kitchen will be supplied with colour coded plates and bowls, for the pupils with special diets.

Q Do I have to take any further action?

No, however if the 'special diet' is no longer required, please contact our Catering Officers (Contact details overleaf)

Complete this page of the form. Arrange for Section C to be completed by either a Doctor or registered Dietician, or if you have a letter from a paediatrician please include copy if you require a medically prescribed diet.

**Section A
TO BE COMPLETED BY PARENT /
GUARDIAN**

Child's Name: _____

Date of Birth: _____

Address: _____

School: _____

**Section B
MEDICALLY PRESCRIBED DIET:
(PLEASE TICK)**

 Diabetic Egg Free Gluten Free Wheat Free Milk Free PKU

Other Please state: _____

**Section C
TO BE COMPLETED BY DOCTOR OR
REGISTERED DIETICIAN**

I confirm _____

Follows a _____ diet and will require an appropriately modified school lunch.

Name _____

Signature _____

Surgery/Hospital Address _____