

Template: Special Diet Record

Child's Name:

Date of Birth:

Parent/Guardian Names:

Address:

Postcode:

Phone (H):

(W):

Mobile:

1. Reason for special diet: Religious Health/Medical
 Other Please specify:

2. What are the foods and substances that your child must avoid?

3. What are the alternative foods that your child can consume?
(e.g. Eggs, dairy, nuts, tofu, beans instead of meat for vegetarian diets)

4. How long will your child be on this special diet?

5. Who will provide the following foods for your child while in care?

Snacks: _____ Parent Centre

Lunch: _____ Parent Centre

Drinks: _____ Parent Centre

6. Do you want to discuss with staff the programs involving food
(e.g. parties, menu plans, food experience activities)? Yes No

To enable the centre to continue to provide your child with adequate nutrition, this record will be reviewed every 6 months or whenever there is more up to date information available.

Parent/Guardian Signature:

Date: