

# Stubbington Dietary Requirement Form

## PLEASE ONLY COMPLETE THIS FORM IF YOUR CHILD HAS MEDICAL DIETARY REQUIREMENTS

Name of Child ..... Class .....

### Food Allergy

My child has a food allergy

If yes, please specify:

.....  
.....  
.....

Will you be providing any specific foods? Yes/No

If yes, please specify:

.....  
.....

### Vegetarian / Vegan

My child is a vegetarian

My child eats fish Yes/No

My child is a vegan

### Religious Observance

Please specify any foods that your child is not allowed to eat due to religious observance:

.....  
.....

**PLEASE RETURN TO THE SCHOOL OFFICE BY FRIDAY 19<sup>th</sup> APRIL 2024**