Special Diet Form

To be completed when a child is on a special diet for reasons of a non–medical nature e.g. cultural or religious reasons, vegetarian diet or other reasons.

If a special diet is required for a proven medical condition (e.g. coeliac disease, lactose intolerance) the "Modified diet care plan" and /or other documents from the Health Support Planning package should be used. If there is a severe food allergy the "Anaphylaxis (severe allergy) care plan" should be completed in addition to the "Modified diet care plan".

Child's name_____Date of birth___/___/__
Family name (please print) First name (please print)

1. Reason for the child's special diet. Please tick the relevant box.
   - ☐ Religious/cultural
   - ☐ Parental decision
   - ☐ Other, please specify……..

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

   _____

   _____

3. Please list, in detail, alternative foods the child can eat so that no food groups are excluded (e.g. eggs, dairy food, nuts, tofu, beans instead of meat for vegetarian diets).

   _____

   _____

4. Please provide details of any special feeding routine (e.g. meals at particular times or intervals for health reasons, providing extra food to meet increased needs).

   _____

   _____

5. How long will the child be on this special diet?

   _____

Date:__/__/__ Parent/Guardian_____Signature_____

To help your Care-provider to continue to provide your child with adequate nutrition and protection from potentially harmful substances, this form must be **reviewed every 6 months**, or whenever more up to date information is available.

Date for diet to be reviewed: ___/__/__

Adapted from the "Special diet form" in the Good Food in Family Day Care Kit, Good Food in FDC project: South Eastern Sydney Health Service, Central Sydney Area Health Service and South Western Sydney Area Health Service.