



# Eat My Lunch – Special Dietary Questionnaire

If your child requires a specialised diet for ethical, religious, or medical reasons, please fully complete this form and return to the school. (Please complete one form per child)

Please note, specialised diet medical forms may require a signature by a paediatrician, GP or registered dietitian.

## PART A- CONTACT DETAILS

Student Details		
Student Name	Year Level	Class
Parent/Caregiver Details		
I give permission for the information in this form to be shared with the lunch supplier, for the purpose of providing my child with a safe lunch.		
Contact Name	Contact Phone Number	
Signature	Date	

## PART B- RELIGIOUS, CULTURAL OR ETHICAL DIET REQUIREMENT

Does your child require a Cultural, Religious, or ethical diet (e.g. halal or vegan diet)?	
Please specify the type of diet required:	<p>Vegetarian <input type="checkbox"/></p> <p>Vegan <input type="checkbox"/></p> <p>Halal <input type="checkbox"/></p> <p>No Beef/No Pork products <input type="checkbox"/></p> <p>No Beef <input type="checkbox"/></p> <p>No Pork products <input type="checkbox"/></p> <p>No Pork products/No Seafood <input type="checkbox"/></p> <p>Other (please specify) _____</p>
Other relevant information:	

## PART C – MEDICALLY PERSCRIBED ALLERGY/INTOLERANCE DIET REQUIREMENT

Does your child have a medically prescribed food Allergy/Intolerance such as -
<p>Nuts <input type="checkbox"/> (Note - all meals provided by Eat My Lunch are nut free)</p> <p>Egg <input type="checkbox"/></p> <p>Dairy/Milk/Lactose Products <input type="checkbox"/></p> <p>Soy <input type="checkbox"/></p> <p>Wheat/Gluten <input type="checkbox"/></p> <p>Seafood <input type="checkbox"/></p> <p>Sesame <input type="checkbox"/></p> <p>Kiwifruit <input type="checkbox"/></p> <p>Legumes <input type="checkbox"/></p> <p>Berries <input type="checkbox"/></p> <p>Coconut <input type="checkbox"/></p> <p>Other* (please specify) _____</p> <p>*NOTE: if you have selected other please complete the following medical form</p>
Reactions
Please describe the reaction that your child has (e.g. anaphylaxis, hives etc):

**Sample Specialised Diet Medical Form**  
(only required if other allergy/intolerance is selected)

**TO BE RETURNED TO SCHOOL OFFICE**

Date:

Dear:

RE: (Student's name)

DOB:

NHI Number:

I confirm that the above student requires specialised diet provision.

Diet required:

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Any other additional relevant information:

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Signed:

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Consultant/ General Practitioner/ Paediatric dietitian