



Gonerby Hill Foot Church of England Primary School

Gonerby Hill Foot, Grantham, Lincs NG31 8HQ

Tel: 01476 565800

Headteacher Mrs Jayne Watson

Email: enquiries@gonerbyhillfoot.lincs.sch.uk

Website: www.gonerbyhillfoot.co.uk

CHILD'S DETAILS

*Child's Name.....*Date of Birth.....

* Male/Female

*Address.....

.....*PostCode.....

PARENT / GUARDIAN DETAILS

*Contact Name

*Contact Address

(If different from above)
*Contact Phone Number.....

In making this request for a medical diet, I acknowledge that whilst employees of the school will make every reasonable effort to comply with my child's dietary requirements, this is not always possible because of manufacturers' variations to food items, which are outside our control.

*Signed..... Date

DIETARY DETAILS

*Details of Special Dietary Requirements

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Let all that you do be done in love. 1Corinthians 16:14

HEALTH PROFESSIONAL DETAILS

PLEASE NOTE - THIS FORM MUST BE SIGNED BY A HEALTH PROFESSIONAL

*Name of Doctor, Dietitian or Contact Health Professional

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*Signature of Doctor, Dietitian or Contact Health Professional

..... Date

*Address of Practice / Clinic

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*Contact Phone Number

Please return to the school office and a member of our catering team will contact you to discuss how our menu can be adapted to meet your child's need.

***Mandatory – these need to be completed before a special diet can be provided.**