

**Q. Can my child have school lunches?**

A. School lunches can be provided for children requiring medically prescribed diets.

**Q. My child is allergic to nuts, can lunch be provided?**

A. Yes, please contact your Head Teacher or the Catering Support Team on 01738 476341 for further information.

**Q. What is a medically prescribed diet?**

A. A medically prescribed diet is one which has been prescribed by a doctor i.e. general practitioner (GP) or hospital doctor.

**Q. What do I have to do to arrange for my child to have a school lunch?**

A. School Lunches can only be provided when a parent/guardian and either a doctor or registered dietician have completed and returned the attached form to the address overleaf. Some GP's may require payment in return for completing the attached form.

**Q. What will happen after the form is received by Education and Children's Services?**

A. On receipt of the form the school and caterer (Tayside Contracts) will be informed of your child's need for a medically prescribed diet, thereafter your child will be provided with an appropriate menu which will be updated every April and October.

**Q. Do I have to take any further action?**

A. No, however if the 'special diet' is no longer required please contact the Catering Support Team, Education and Children's Services, tel 01738 476341.

1. Complete this page of the form.
2. Arrange for the other page to be completed by either a doctor or registered Dietician.
3. Send the completed form to the address overleaf.

**To be completed by Parent/Guardian**

Name: .....

D.O.B:.....

Address:.....

.....

School: .....

**Medically Prescribed Diet:** (Please tick)

Diabetic

Gluten Free

Diabetic/Gluten Free

Milk Free

Egg Free

Milk and Egg Free

Wheat Free

Wheat and Milk Free

Other please state:

.....

**To be completed by Doctor or Registered Dietician**

I confirm .....

follows a .....

diet and will require an appropriately modified school lunch.

Signature: .....

**Please note if the dietary restriction is in the 'other' category, dietary guidance from a dietician should accompany the completed form.**

Name: .....

Doctor:

Dietician:

Address:

.....

.....

.....

Telephone No:.....

**Please return the information to:**

**Catering Support Team  
Education and Children's Services  
Perth and Kinross Council  
35 Kinnoull Street  
Perth PH1 5GD**

**Tel: 01738 476341**

**Fax: 01738 476226**

**email:**

**[ecscateringsupport@pkc.gov.uk](mailto:ecscateringsupport@pkc.gov.uk)**



**SCHOOL MEAL SERVICE**

**PROVISION OF MEDICALLY  
PRESCRIBED DIETS**

**ADVICE FOR PARENTS  
& GUARDIANS**