

NOTIFICATION OF SPECIAL DIETARY NEEDS

The guardian fills out the form below. The form should be submitted to the school office in two copies no later than 30 April 2025.

Basic Education and Food	Services The gua	rdian of the student fills out this	
section			
1/2025 Validity of the medical certificate:		of the medical certificate:	
	/	20 - / 20	
	no renew	wal is required 🗌	
	(coeliac	disease, diabetes, lactose-free)	
BASIC INFORMATION FOR MEAL RECIPIENT	Last name		
	First name	Date of birth	
	School	Class	
	Guardian	Telephone E-mail	
SPECIAL DIET BASED ON HEALTH	Diabetes (attach a personal meal plan if necessary)		
REASONS	Coeliac disease, cannot tolerate oats Coeliac disease, tolerates gluten-free oats		
	Coeliac disease, tolerates gluteri-rie		
The guardian must		ten nee wiede staten	
provide a medical	<u> </u>		
certificate to the school			
nurse upon request.	Food allergy with severe symptoms		
	Adrenaline injection for emergencie	28	
	Prohibited food item	Risk of a generalised allergic reaction (anaphylaxis)	
OTHER DIET No medical certificate	Vegetarian diet (lacto-ovo) eats	fish	
	Low-lactose diet		

OTHER SPECIAL DIETS based on religion		
CHANGES IN DIET	The guardian must inform the school kitchen of the student's absences. The guardian must inform the school and the school kitchen of any changes to the student's diet.	
	If the student changes school, the guardian must fill out this form again and submit it to the new school. The guardian is always responsible for notifying the school of any changes.	
SIGNATURE	Date Signature of the student's legal guardian	

The form is kept at the school and by the Food Services for the duration of the student's attendance at the school in question.