



# Special diet form

For Family Day Care Providers

To be completed when a child is on a special diet for reasons of a non-medical nature eg: cultural or religious reasons, vegetarian diet.

If a special diet is required for a proven medical condition(eg: Coeliac disease, Lactose intolerance) the “Modified Diet Care Plan” should be used.

Child's Name: \_\_\_\_\_ Date of birth / /

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 your child must avoid or include

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

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4. Please provide details of any specific feeding routine, eg: meals at particular times or intervals for health reasons, providing extra food to meet increased calorie needs.

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

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Date / / Parent/Guardian: \_\_\_\_\_ Signature: \_\_\_\_\_

To help your Careprovider 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 / /