



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.

Childs Name:	DOB:
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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

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)

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.

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

Signature:	Name:	Date:
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Parent/Guardian printed name

To help your Care provider 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: _____