

Pupil Modified Meal Form

This form is designed to support Midshire Signature Services to understand your child's dietary requirements with the aim to provide your child with a safe and suitable school meal.

Note

It is the Parent/Guardians responsibility to notify immediately to the school and/or Midshire Signature Services of any changes to their child's dietary requirements.

Pupil's name	
Pupil's class	
School	
School address	

Please clearly state your child's allergies and/or intolerances.

Please indicate below if your child follows any other diet (Vegetarian, Vegan, Halal, Kosher etc) or has any other dietary requirements.

Parent/Guardian Name	
Signature	
Date	

This form must be certified by a medical professional i.e. GP, Paediatrician, School Nurse, Allergen Clinic etc

Medical Professional Name	
Signature	
Position	
Date	

Please return this form to: - schooloffice@poultonlancelyn.wirral.sch.uk