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**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.**

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

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| --- | --- |
| 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](mailto:schooloffice@poultonlancelyn.wirral.sch.uk)