

**PROVISION OF AN ALLERGY OR INTOLERANCE DIET  
PARENT / GUARDIAN AUTHORISATION**

SCHOOL NAME: \_\_\_\_\_

PUPIL NAME: \_\_\_\_\_

HEADTEACHER: \_\_\_\_\_

I (parent / guardian) authorise Sunderland School Meals Service to provide

(*pupil name*) \_\_\_\_\_

with an Allergy or Intolerance Menu.

TYPE OF DIET: \_\_\_\_\_

ADDITIONAL DIETARY REQUEST / NOTES: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NAME OF PARENT / GUARDIAN: \_\_\_\_\_

PARENT / GUARDIAN SIGNATURE: \_\_\_\_\_

PARENT / GUARDIAN ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

NAME OF AND ADDRESS GP / DIETICIAN: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

GP / DIETICIAN TELEPHONE NUMBER: \_\_\_\_\_

DATE: \_\_\_\_\_

Delivering services for a better future