

Education Authority

**Guidance for the provision of Special
Diets in schools.**

August 2024

Version 3

1. Introduction

Special diets for medical conditions

Special diets can be required for a wide variety of medical conditions including food allergies, food intolerance, diabetes and coeliac disease. A medically prescribed diet is one which has been prescribed by a medical consultant, general practitioner (GP) or registered dietitian. In some circumstances diet may be the only treatment of a medical condition or can form a major part of it. Pupils with specific food related medical conditions can be catered for if sufficient information is provided from the pupil's medical consultant, general practitioner or registered dietitian to ensure that school catering services can safely meet the needs of the child.

Religious, Cultural and Vegetarian and vegan diets

Other children follow special diets for religious or cultural reasons, or because they are vegetarian or vegan. Standard school catering services menus are likely to meet most needs in relation to dietary requirements however where they do not meet such needs, a Parent/Guardian may contact the school to request special meals.

Purpose

The purpose of this guidance is to outline best practice for schools and caterers when providing food and drinks for pupils with special dietary requirements including allergies. It outlines the roles and responsibilities of school staff, catering staff, and parents to ensure the safeguarding of any pupils with special dietary requirements and provides a useful checklist and forms to ensure a standard approach.

2. Roles and responsibilities

The provision of special diets is a shared responsibility and requires a joint approach and close communication between the School Principal, Parent/Guardian and School Catering Service to minimise risk and provide a safe educational environment for pupils with special dietary requirements.

2.1 School

The School Principal/Board of Governors have overall responsibility for a pupil's health and wellbeing whilst under their care and are the pivotal figures in coordinating the communication between all parties and setting up arrangements to make sure that all relevant parties are informed.

2.2 Parent/Guardian

The Pupil's Parent/Guardian is instrumental in notifying the School and is responsible for informing the School Principal of their child's requirements for a special diet, prior to admission or during the academic year. If specialist dietary preparations and prescription foods are to be provided to the school catering service, only ambient goods can be stored and used and the price of a school meal will remain the same.

2.3 School Catering Service

The Catering Service has a significant role in the day to day provision of special diets. To allow the service to cater for special dietary requirements effectively and safely, the Catering Supervisor and management team will work in partnership, sharing joint responsibility between Pupil, Parent/Guardian and the school to provide as far as possible a nutritionally balanced meal that meets the special dietary requirements of the child.

The Catering Service is in compliance with HACCP¹ (Hazard Analysis and Critical Control Points) and the Food Information Regulations legislation (Food Information for Consumers Regulation No. 1169/2011)² therefore all controls and monitoring procedures are in place.

All catering staff should be trained commensurate to their duties.

3. Procedure for supplying meals to meet special dietary requirements.

- Parent/Guardian to inform school that their child has a special dietary requirement.
- School to provide **Special Diet Application form** and **Special Diet Medical form** to Parent/Guardian.
- Parent/Guardian to complete **Special Diet Application form** and **Special Diet Medical form (if required) and return to school.**
- Meeting to be arranged with School, Parent/Guardian and School Catering Service to outline roles and responsibilities. A meeting may not be required for all special diet applications but it is advised for all pupils requiring a medically prescribed diet.
- Outcome of meeting to be recorded using the **Special Diets Meeting Outcomes form.**
- School to carry out a **risk assessment.** (Example attached)
- Perform regular review of special diet and all parties to communicate any changes to requirements or provision.

¹ <https://www.food.gov.uk/business-industry/food-hygiene/haccp>

² <https://www.food.gov.uk/document/food-allergen-labelling-and-information-technical-guidance>

Special Diet Application Form

If your child requires a special diet, please fully complete this form and return to the school office.
Please note-

- If your child requires a special diet for religious or cultural reasons or because they are vegetarian or vegan, please fully complete Part A and Part B of this form.
- If your child requires a special diet for medical/ health reasons, please complete Part A and Part C of this form, **in addition Part D** Special Diet Medical Form. Please note, special diet medical forms may be signed **only** by a medical consultant, GP or registered dietitian.
- If your child has been deemed eligible and you have received confirmation for a free school meal on the grounds of a special diet requirement, please only complete Part A and Part C of this form.

Incomplete forms will not be accepted and will be returned to parent/guardians for completion. This may result in a delay in your child receiving a special diet.

PLEASE NOTE- The school catering service will accommodate specific dietary needs from existing menus and ingredient range, therefore a child with a special dietary need may not always get a choice of dishes. If any specialist dietary preparations and prescription foods are required these will need to be supplied by the child's parent/guardian. The set price for school meals will remain the same in these circumstances.

PART A- CONTACT DETAILS

Pupil details	
Pupil's Name	Date of birth
School details	
School	
School Address	
Parent/Guardian's details	
Contact Name	Contact daytime telephone number
Contact address	

PART B- RELIGIOUS, CULTURAL OR VEGETARIAN/VEGAN DIET REQUIREMENT

Cultural, religious, vegetarian or vegan diet	
Please specify the type of diet required:	
Please list the foods to be avoided and list the foods that can be used as a substitute	
List of foods to be avoided	List of substitute foods
Other relevant information	

PART C- MEDICALLY PRESCRIBED DIET REQUIREMENT

Medically prescribed diet	
Please indicate the type of medical condition the special diet is to be provided for (please tick all boxes that apply)	
Diabetes <input type="checkbox"/>	Nut Allergy <input type="checkbox"/>
Coeliac disease <input type="checkbox"/>	Dairy/ Lactose intolerance <input type="checkbox"/>
Crohn's disease <input type="checkbox"/>	Egg allergy <input type="checkbox"/>
Phenylketonuria (PKU) <input type="checkbox"/>	Wheat allergy <input type="checkbox"/>
Other (Please specify)	
If other please list the foods to be avoided and list of foods that can be used to substitute these. An additional list of food and drinks can be attached to this form.	
List of foods to be avoided	List of substitute foods

Does your child require any foods to have changes in texture? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, please list any foods that need changes in texture and state the changes required	
Do you use special dietary products with your child? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes please give further details	
Do you use prescribed dietary products with your child? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, can you provide the school catering service with a small amount of prescribed products for use in preparing diet? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Please give details of the product and amount	
Health Care Professional contact details	
Contact Name	Contact Telephone Number

Parent/Guardian Signature: _____

Please print name: _____

Date: _____

To be completed by school office:

Date received by school: _____

Signature: _____

Please print name: _____

PART D - Special Diet Medical Form

Private and Confidential

TO BE RETURNED TO SCHOOL PRINCIPAL

Date: _____

Dear: _____

RE: (Child's name) _____

DOB: _____ H&C No: _____

I would like to confirm that the above child requires special diet provision.

Diet required:

His/her parents/guardians have received written dietary advice.

Any other additional relevant information

He/she will/will not continue to be reviewed by the Consultant/ General Practitioner/ Paediatric dietitian.

Yours faithfully

Consultant/ General Practitioner/ Paediatric dietitian

Please print name: _____

cc Parents

cc File

Special Diet Checklist

	Checklist for Catering Service	Yes /No
1.	Has the special diet application pack been received from the school office?	
2.	Has the special diet application pack been completed in full?	
3.	Has the school arranged a meeting between the school, the Parent/ Guardian and the School Catering and informed of a date to discuss the provision of special diet?	
4.	<p>Has the meeting taken place and special diet meeting outcome form been completed if applicable?</p> <ul style="list-style-type: none"> - Explanation of roles and responsibilities. - Parents/guardians to discuss details of specific requirements of the child. - Catering to explain food safety management procedures for preparation of special dietary meals. - School catering service and parents/guardians agree upon menu based on current main menu. - Actions and limitations agreed regarding school food provision. - Procedure for provision of prescription dietary products by parent/guardian to school catering service if appropriate. 	
5.	Has a start date been agreed for provision of special diet?	
6.	<p>Has the special diet meeting outcome form been signed by -</p> <p>School Principal/ designated member of staff Parent/ Guardian School catering service</p>	
7.	Has School provided catering service and parent/guardian with copy of completed special diet meeting outcome form?	
8.	Has a protocol for the how pupil will be identified to receive a special diet been agreed? e.g. through use of a photograph in school kitchen	
9.	Do you have a copy of the completed special diet application from and medical form?	
10.	Has the school informed you of any changes from the original special diet application? Parent/Guardian to inform the School of any changes to the pupil's requirements.	

Special Diet Meeting Outcomes

Date of meeting: _____

Pupil's name: _____ D.O.B. _____ Year/Class: _____

Attendees at meeting:

_____	_____
_____	_____
_____	_____

Details of special diet required: _____

Written information has been provided to confirm pupil's need for a special diet

The following actions have been agreed following this meeting regarding school food provision:

-
-
-
-

Parents will notify school staff if any changes are required to the pupil's special diet due to medical reasons.

START DATE _____

Signed

_____ (School Principal/ designated member of staff)

_____ (Parent/ Guardian)

_____ (School catering service)

Example Qualitative Risk Assessment

School		Activity	Pupils requiring a medically prescribed diets.	Review Date:	
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Assessment completed by:

Name:		Date:		Signature:	
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Hazard	Persons Exposed and How	Current Controls	Further Action Necessary	Action by Whom	Action by When	Completed
Pupils with medically prescribed diets Inadvertent contact Staff not aware of pupil's dietary requirements	Pupil Allergic reaction	Parents are asked in writing at the beginning of each school year to notify the school of any special diet requirements their children have by completing Special Diet Application and Medical Forms. Principal shares information with School Catering Service (SCS).	Personal emergency care plan in place for each child who suffers from allergies.			
		Meeting between Parent, Principal and Catering Representative. Dietary requirements, possible limitations and risks, food preparation and provision all discussed with agreed outcomes and action plan.	The child's reaction to contact with this food may be so severe that they may require staff to administer medication.			
		All staff are aware of the pupil's requirements and monitors the situation accordingly.	Staff are fully trained in administering			

Hazard	Persons Exposed and How	Current Controls	Further Action Necessary	Action by Whom	Action by When	Completed
		SCS to take appropriate action to avoid the use of allergenic food in the kitchen. Other school food outlets (breakfast club, tuck shop, afterschool club) to undertake the same actions.	medication and have written consent of parents before doing so.			
		A letter sent home to all parents informing them that a child at the school suffers a food allergy and that the particular food should not be sent to school in packed lunches, snacks, birthday cakes etc.	Staff undergo annual training in the use of adrenaline auto injectors if necessary.			
		At lunchtime, agreed protocol used for checking that correct pupil is receiving correct school meal (pupil wears wristband).				
		Pupils aware that they cannot share food with peers with medically prescribed diets.				
		Review of all special diet requirements performed annually.				

Further information on risk assessment and blank risk assessment forms can be accessed at the following link <https://www.eani.org.uk/school-management/health-safety>