

DIETARY PREFERENCE FORM

Please note, this is a PREFERENCE form only. If your child's diet is restricted due to allergy or intolerance, please complete the Caterlink Food Allergy and Intolerance Form.

PUPIL

| | |
|---------------|--|
| Name of child | |
| Date of birth | |
| Class | |

DETAILS OF PREFERRED DIET

| | |
|-----------------------------------|--|
| Vegetarian | |
| Pescatarian | |
| Vegan | |
| Other (please provide details) | |

PARENT/CARER DETAILS

| | |
|-----------------------|--|
| Name | |
| Daytime telephone no. | |
| Relationship to child | |

Signature(s)

Date
