

Application for special dietary needs

Student's name:	Personal number:	Date:
School: ISGR	Class:	
Parent/guardian:	E-mail and telephone:	
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Principal: Ingegerd Löfroth Hilden, tel: 0317089200 or Marilyn James, tel: 0317089251	Email: ingegerd.lofroth@isgr.se marilyn.james@isgr.se	

Description of dietary needs.....
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My child is allergic to:
<p>Lactose intolerant, <u>choose 1</u> alternative below:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Needs lactose free drink <input type="checkbox"/> Needs lactose free drink and low lactose food (max 1g lactose) <input type="checkbox"/> Raw tomato <input type="checkbox"/> Can eat cooked tomato <input type="checkbox"/> Raw carrot <input type="checkbox"/> Can eat cooked carrot

My child eats the following food due to ethical/cultural reasons:

- Vegan
- Vegetarian food, drinks milk
- Vegetarian food, eats egg and drinks milk
- Vegetarian food, eats egg and fish, drinks milk
- Vegetarian food, drinks milk, eats egg, fish and chicken
- Does not eat pork

A medical certificate should be attached to this form as proof of your child's allergy.
For more information see: www.goteborg.se School and Education "Food in the primary school"

REMEMBER to notify the school if your child is absent and when your child returns to school.

Guardian's signature:

Principal's signature:

Principal's name:Marilyn James.....

Date:

