



## Statement on special diet

Please note that fields marked with a star \* are required

### Basic information's of the diner

Name *	Date of birth * (dd.mm.yyyy)
Day Care center / School *	Group / Class *
Guardian *                      Phone number *	Email address *

### Special diet (fill in only the sections of the diet)

- Low lactose diet
- Lactose-free diet
- Milk-free diet
- Diabetes (diabetics bring their own meal plans)
- Gluten-free
- Eat regular food, but drink lactose-free milk

### Grain allergy

Avoid
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### Vegetarian diet (lacto-ovo-vegetarian)

- Yes,      Also eat:  Fish  Broiler / turkey

### Religion and ethical reasons

- No pork  No blood foods  No broiler



Food to avoid

- Egg  not tolerated at all  tolerated in food
- Pea/ bean  not tolerated at all  tolerated when is cooked
- Paprika  not tolerated at all  tolerated when is cooked  tolerated as a spice
- Celery  not tolerated at all  tolerated when is cooked  tolerated as a spice
- Tomato  not tolerated at all  tolerated when is cooked  tolerated as a spice
- Almond  not tolerated at all
- Nut  not tolerated at all
- Soy  not tolerated at all
- Fish  not tolerated at all
- not tolerated at all  tolerated when is cooked  tolerated as a spice
- not tolerated at all  tolerated when is cooked  tolerated as a spice
- not tolerated at all  tolerated when is cooked  tolerated as a spice
- not tolerated at all  tolerated when is cooked  tolerated as a spice
- not tolerated at all  tolerated when is cooked  tolerated as a spice

Anaphylactic symptom \*

- Yes  No

My child is at the after-school club for a snack (1-2 classes)

- Yes

My child is in preschool

At breakfast  Yes      At snack  Yes

Other special diet (other attentions)

Starting time of special diet (dd.mm.yyyy)

Referrer  Doctor  Health care nurse  Other, Who