Sida

APPLICATION FORM FOR SPECIAL DIETS 1(2)



Vård- och omsorgsförvaltningen

If you/your child needs special diets for allergy, intolerance or other food-related diseases and symptoms, you apply for special diets via this form. You also need to provide a certificate from a treated doctor or dietician (with some exceptions). A new form must be submitted at the beginning of each academic year and if the need changes.

For applications for adapted meals, please refer to the Application Form for customized meals for ethical or religious reasons and the Application form for customized meals.

The student's personal data	
First and last name	Birth date
School/preschool	Class/department
Guardians 1	Phone number
Guardians 2	Phone number
Eat breakfast in preschool/leisure	Eating snacks in preschool/leisure
Foods/allergens that need to be excluded from the die	et due to allergy or intolerance
☐ Milk protein	
☐ Lactose in food¹	☐ Lactose in drink ¹
□ Egg	
☐ Fish	
☐ Gluten	
☐ Sesame	
☐ Soy protein	\square Soy lecithin (E322) and soybean oil
$\hfill\square$ Other legumes/soyrelatives, please indicate which:_	
☐ Peanut	
$\hfill\square$ Nuts (i.e. almonds, hazelnut, walnut, cashew nut, pe	can, brazil nut, pistachio almond, macadamia nut)
☐ Other, specify what:	
1. A doctor/dietician certificate is only required for	children in pre-school.

Need for special diets due to other food-related diseases and symptoms:			
Signature of guardian/author of the age o	f the student		
Place and date	Signature		
	Name		
, , ,	ta being registered and handled in accordance with the general data etction act (2018:218) and the public access to information and secrecy act .ludvika.se/gdpr.		
Completed by the municipality: A certification	te from a doctor/dietician has been received		
Has been received	Applies to		