



## INFORMATION ABOUT A SPECIAL DIET

DINER'S INFORMATION	Surname	
	First name	Personal identity code
	Daycare centre/school/educational institution	Group/class
	Parent or guardian's name	Telephone
	Parent or guardian's e-mail address	
PERMANENT SPECIAL DIET FOR HEALTH REASONS To be filled in by school nurse (physician/ dietitian)	<input type="checkbox"/> Diabetes <input type="checkbox"/> A personal meal plan is attached  <input type="checkbox"/> Celiac disease, tolerates gluten-free oats <input type="checkbox"/> Celiac disease, does not tolerate gluten-free oats <input type="checkbox"/> Lactose-free diet	
SPECIAL DIET FOR HEALTH REASONS To be filled in by a physician/dietitian	<input type="checkbox"/> Food allergy causing severe symptoms                      Risk of a generalized allergic reaction i.e. anaphylaxis (the person carries an adrenalin injection as a precaution)  Forbidden food stuff  _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> A person with milk allergy drinks <input type="checkbox"/> oat milk <input type="checkbox"/> soya milk <input type="checkbox"/> hypoallergenic formula, which one?  _____	
	<input type="checkbox"/> Other special diet, please describe.   	
VEGAN DIET To be filled in by a dietitian or the school nurse	<input type="checkbox"/> Vegan diet	Drink replacing milk <input type="checkbox"/> soya milk <input type="checkbox"/> oat milk



# TAMPEREEN KAUPUNKI

OTHER DIET To be filled in and signed by the parent or guardian/ student (if 18 years or older)	<input type="checkbox"/> Vegetarian diet (containing dairy products and egg) also eats: <input type="checkbox"/> fish <input type="checkbox"/> poultry  <input type="checkbox"/> Vegetarian diet (containing dairy products)
	Ethical diet <input type="checkbox"/> no pork <input type="checkbox"/> no blood-containing foods <input type="checkbox"/> no beef
OTHER COMMENTS	
SIGNATURE AND NAME IN BLOCK CAPITALS	Signature by a physician/dietitian/school nurse, name in block capitals and a stamp  This information is valid from ___/___ 20___ until ___/___ 20___  <i>This certificate does not need to be renewed if the person it concerns has celiac disease, diabetes or requires a lactose-free diet</i>
	The diner's signature and name in block capitals (in the case of a minor, the signature of his/her parent/guardian, and name in block capitals)  Date ___ / ___ 20___