**NOTIFICATION OF DIET BASED ON RELIGIOUS REASONS**

To implement the diet, **additionally** the form *Permission to register the social security number of a person needing a special diet* is required. The forms need to be filled out and returned to the daycare centre’s

personnel or school’s kitchen staff.

|  |  |
| --- | --- |
| Name | Date of birth |
| Daycare centre/School/Educational institution | Group /Grade |
| Guardian(s) | Phone number(s) |

**REGUIRED DIET**

|  |  |
| --- | --- |
| Diet based on religious reasons  Forbidden foodstuffs  blood-containing foods  pork  offal  other, clarify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | The person is also on an allergen-free diet on a doctor’s /nurse’s certificate |

|  |  |
| --- | --- |
| **I / my child adhere(s) to eating daily the food prepared especially for me/them.** | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (date)  A guardian’s signature  is needed for a child  in daycare and school  between the grades  1 to 6 | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (student’s signature)  Guardians’ signatures  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |