# Application for Special Diets

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| Name of student  | National ID number | Class |

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| **□** Special diets for medical reasons*In case of allergy/food sensitivity please attach medical certificate.* | **□** My child does not have a special diet |

## ***Special diets***

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| *Please write down anything your child should not eat* |

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| *Comments* |

## Guardian Signatures

|  |  |
| --- | --- |
| Signature, Guardian 1 | Signature, Guardian 2 |
| Print name, Guardian 1 | Print name, Guardian 2 |

# Ansökan om specialkost

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| Elevens namn | Personnummer | Klass |

|  |  |
| --- | --- |
| **□** Specialkost av medicinska skäl*Vid allergi, vänligen bifoga läkarintyg.* | **□** Vi har inga önskemål om specialkost |

## ***Specialkost***

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| *Vänligen lista allt som ditt barn inte ska äta* |

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| *Övriga kommentarer* |

## Underskrift av vårdnadshavare

|  |  |
| --- | --- |
| Underskrift, Vårdnadshavare 1 | Underskrift, Vårdnadshavare 2 |
| Namnförtydligande, Vårdnadshavare 1 | Namnförtydligande, Vårdnadshavare 2 |