# Application for Special Diets

|  |  |  |
| --- | --- | --- |
| Name of student | National ID number | Class |

|  |  |
| --- | --- |
| **□** 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***

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

|  |
| --- |
| *Comments* |

## Guardian Signatures

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

# Ansökan om specialkost

|  |  |  |
| --- | --- | --- |
| Elevens namn | Personnummer | Klass |

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

## ***Specialkost***

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

|  |
| --- |
| *Övriga kommentarer* |

## Underskrift av vårdnadshavare

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