



Special Dietary and Feeding Arrangements

Effective Date: _____

Child's Name: _____

My child requires special dietary and feeding arrangements and the food supplied is to;

___ replace OR ___ Supplement

for the following periods;

___ Morning snack ___ Lunch ___ Afternoon Snack

___ Other (see below)

If my child is still hungry after consuming the snack/meal from home the instructions are;



If the meal from home is forgotten the instructions are;

- I confirm the food provided meets the nutritional requirements set out in the Canada's Food Guides and is keeping with the NHCS Anaphylaxis Policy of having no nuts.

- I confirm that I will provide NHCS in writing should there be any changes to these instructions.

Parent Name _____

Signature _____

Date _____