

**APPLICATION FORM FOR
CUSTOMIZED MEALS****Vård- och omsorgsförvaltningen**

If you/your child needs customized meals due to selective eating due to, for example, neuropsychiatric impairment (NPF) or similar, you apply for customized meals via this form. The preschool principal or the school's student health group must attest to the need. A new form must be submitted at the beginning of each academic year and if the need changes.

For special dietary applications due to allergy or other food-related symptoms, please refer to the Special Dietary Application Form. For the application for a customized diet for ethical or religious reasons, please refer to the Application Form for customized meals for ethical or religious reasons.

The student's personal data

First and last name	Birth date
School/preschool	Class/department
Guardians 1	Phone number
Guardians 2	Phone number

Agreed customization

- Fixed lunch menu that is the same every week
- Additional individual adjustments at lunch: _____
- Individual breakfast and snack adjustments: _____
- I also need special diets due to allergy or other medical reasons. I therefore also submit the application form for special diet.

Signature of guardian/author of the age of the student

Place and date	Signature
	Name

By signing this document I consent to having the data being registered and handled in accordance with the general data protection regulation (EU) 2016/679, the data protection act (2018:218) and the public access to information and secrecy act (2009:400), For more information, please visit www.ludvika.se/gdpr.

Signature of the Student Health Group/Rector

Place and date	Signature
	Name

Follow-up

Date of planned follow-up (student health group is responsible)
