

EIKOH SEMINAR AUSTRALIA PTY LTD.

**CHANGES TO:
DIETARY REQUIREMENTS POLICY**

(To be completed by parents/guardians and placed in kitchen pocket preferably 1 week prior to child's diet changing)

Child's name: _____

Child's class: _____

Date Dietary change is to be effective from: _____

Will this change be a permanent change for your child's diet?

If no, when will this dietary requirement change to what it was before?

Details of change to child's diet (please be specific):

(Parent signature)

(Date)

Source: Education and Care Services National Regulations 2011
Date: October 2020

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