



Great Ormond Street Hospital for Children NHS Trust: Family File

My child's mealtimes

Use this sheet to make a note of your child's eating habits and any preferences for certain foods. You could give a copy of this to friends and family before a visit to help them prepare.

| General food information | |
|------------------------------|--|
| Food allergies: | |
| Foods to avoid: | |
| Favourite foods: | |
| Special treat foods: | |
| | |
| Breakfast | |
| Usually eaten at: | |
| Usual length of time to eat: | |
| Consists of: | |
| Equipment needed: | |
| | |
| Lunch | |
| Usually eaten at: | |
| Usual length of time to eat: | |
| Consists of: | |
| Equipment needed: | |
| | |
| Dinner | |
| Usually eaten at: | |
| Usual length of time to eat: | |
| Consists of: | |
| Equipment needed: | |
| | |



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