INSERT Trust/service Logo

To whom it may concern

**Re: XXX**

**DOB: XX.XX.XX**

**Address**

**Diagnosis XXX**

The person is carrying this letter/care plan on the advice of the local specialist health services. The person is a parent/carer of XX who has (INSERT HEALTH CONDITION E.g. *autism, ADHD or learning disability)*. Because of their condition they need reasonable adjustments for (DELETE AS APPROPRIATE)

* **Hygiene needs and products**
* **Food items**
* **Wearing a mask**

(DELETE THESE EXPLANATIONS AS APPROPRIATE)

**Hygiene needs and products**

XX has additional hygiene and care needs due to their disability including nappies/pull ups, hand wash, soaps and detergents.

We understand that in current situation due to COVID-19 stock levels may be unpredictable and purchase limits may be imposed. We would be grateful if these medical needs could be taken into account in their family’s purchases/requirements.

**Food items**

XX has a restrictive feeding pattern that is based on a combination of presentation, familiarity, taste, textures of food etc. If XX does not have access to his preferred foods, his/her nutritional intake may become inadequate. XX may become unwell and his/her behaviour is likely to become more challenging.

We understand that in current situation due to COVID-19 stock levels may be unpredictable and purchase limits may be imposed. We would be grateful if these medical needs could be taken into account in their family’s purchases/requirements.

**Wearing a mask**

XX may find it difficult to wear a mask as indicated in the guidance here:

<https://www.gov.uk/government/publications/face-coverings-when-to-wear-one-and-how-to-make-your-own/face-coverings-when-to-wear-one-and-how-to-make-your-own#exemptions-to-wearing-a-face-covering-where-they-are-mandated>

*You do not need to wear a face covering if you have a legitimate reason not to. This includes:*

* *young children under the age of 11*
* *not being able to put on, wear or remove a face covering because of a physical or mental illness or impairment, or disability*
* *if putting on, wearing or removing a face covering will cause you severe distress*
* *if you are travelling with or providing assistance to someone who relies on lip reading to communicate*

We would be grateful if these medical needs could be taken into account.

Thank you for your understanding and assisting with these reasonable adjustments.

Signed