

# MEDICAL DIET REQUEST FORM

Please kindly complete all parts of this request form in full or your application will not be processed.

Our current **Allergy Aware Menu** has been formulated to cater for **only the 14 mandatory Food Information Regulations allergens (as below)**. If your child has one or more of the below listed allergies then the school will liaise with you to submit your child's menu choices from the **allergy aware menu**. **This will need to be communicated at least one week in advance to allow the kitchen to order ingredients.**

However, if your child has an allergy that sits **outside of the 14 allergies** *e.g. oranges or chickpeas*, then we ask parents to self-manage additional allergies and intolerances by opting for appropriate meal options on the menu. If a dish is not suitable then the pupil can be offered a jacket potato with a suitable topping and/ or fresh fruit as an alternative.

## Part A: Medical Diet Information (to be completed by the Parent/Guardian)

**Child's First Name**

**Child's Surname**

**Child's Date of Birth**

**Child's School Year Group**

**Parent/Guardian Name**

**Parent/Guardian's Phone number**

**Parent/Guardian's Email**

**School Name**

**School Address**

**School Postcode**

**Medical Diet** (please tick all that apply):

### 14 Main Allergens

- |   |                                   |                                  |                                    |
|---|-----------------------------------|----------------------------------|------------------------------------|
| <input type="checkbox"/> Celery                       | <input type="checkbox"/> Fish     | <input type="checkbox"/> Mustard | <input type="checkbox"/> Soya      |
| <input type="checkbox"/> Cereals containing<br>Gluten | <input type="checkbox"/> Lupin    | <input type="checkbox"/> Nuts    | <input type="checkbox"/> Sulphites |
| <input type="checkbox"/> Crustaceans                  | <input type="checkbox"/> Milk     | <input type="checkbox"/> Peanuts |                                    |
| <input type="checkbox"/> Eggs                         | <input type="checkbox"/> Molluscs | <input type="checkbox"/> Sesame  |                                    |
| <input type="checkbox"/> <b>Other</b>                 |                                   |                                  |                                    |

**My child requires an autoinjector (EpiPen) for their medical diet** (please tick if this applies)

**My child also requires their medical diet to be** (please tick all that apply):

- Vegetarian   
  Vegan   
  Pork Free   
  Beef Free  
 Halal

I give my consent for access to be given to medical documentation (please tick)

## Part B: Supporting Documentation (to be provided by the Parent/Guardian)

**1** I confirm that I am attaching medical evidence confirming the medical diet requested in part A (please tick one or more as appropriate):

- Doctor/Dietitian Letter or Note
- Other medical professional Letter or note
- Professional medical care plan
- Chartwells Medical Evidence Support Form

**Please attach a recent colour passport style photo of your child for identification purposes.**

Please attach photo here

Please refer to the Chartwells Medical Diet policy for more information:

### For medical evidence requirements:

See section 4.0 'Medical Diet Requests & Processing'

**For identification of pupils following a Chartwells medical diet menu:** See section 6.0 'Identification of Customers with Medical Diets'

## Part C: Terms and Conditions

By completing this medical diet request form, parents/guardians are consenting for the commencement of the pupil to be placed on to the Chartwells Allergy Aware Menu. The medical diet menu will continue until Chartwells are notified in writing otherwise. It is the parent/guardian's responsibility to inform Chartwells in the case of any changes to the medical diet requested for their child or if the child wishes to return to the main menu.

Chartwells can provide a jacket potato with a suitable topping from the date of receipt of a medical diet request until the date a medical diet menu has been confirmed for a child.

Chartwells reserve the right to decline a medical diet request if a risk assessment considers the medical risk too great or the request process is not completed in full (for example if insufficient medical evidence is provided).

Chartwells will process the personal data you have supplied, in accordance with the data protection laws that apply to the UK. We do so to protect the vital interest of your child. We will only share this personal data with those people or organisations that may require it to keep your child safe and healthy. We will keep this personal data for no longer than is necessary, and at most for 3 years after they leave the school named on this form. Under UK data protection legislation, you have certain rights in relation to your personal data. These are more clearly stated on the full Privacy Notice on our corporate website.

This statement is only intended as a summary Privacy Notice.

Please use the link to see our full Privacy Notice: <https://www.compass-group.co.uk/about/privacy-policy>

Please read Chartwells full medical diet policy here:

<https://loveschoolmeals.co.uk/wp-content/uploads/2020/05/Medical-Diet-Policy-v1-LSM.pdf>

I confirm that I have read and understood the above

**Parent/Guardian Name**

**Signature**

**Date**

**Please return this completed form with supporting medical evidence to your school for it to be returned to a Chartwells Nutritionist and Area Manager.**

**For any Medical Diet queries please contact: [ebony.nottage@compass-group.co.uk](mailto:ebony.nottage@compass-group.co.uk)**