MEDICAL DIET: SUPPORT FORM

To the Parent: This form should be completed in conjunction with the Chartwells Medical Diet Request form. Please ONLY complete this medical diet evidence form if you do not have other professional medical evidence to support your child's medical diet request. Please ensure all parts of this form are completed in full and that it matches your child's medical diet request form or the evidence cannot be accepted.

To the Medical Professional: This form is being provided in connection with a request for a medical diet where standard catering provision is unsuitable and requires adaptation to be made safe for a pupil due to a medically diagnosed dietary requirement.

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 Phone Number

Parent/Guardian's Email

School Name and Address

Postcode

Part B: Medical Diet Confirmation (to be completed by the Medical Professional)

I confirm that the child detailed in Part A requires the below medical diet:

14 Main Allergens

- ☐ Celery
- ☐ Cereals containing Gluten
- ☐ Crustaceans
- ☐ Eggs
- ☐ Fish
- ☐ Lupin
- ☐ Milk
- ☐ Molluscs
- ☐ Mustard
- ☐ Nuts
- ☐ Peanuts
- ☐ Sesame
- ☐ Soya
- ☐ Sulphites

Other Allergens

- ☐ Bananas
- ☐ Beans
- ☐ Chickpeas
- ☐ Coconuts
- ☐ Kiwis
- ☐ Lentils
- ☐ Oranges
- ☐ Peas
- ☐ Strawberries
- ☐ Tomatoes
- ☐ Pineapples

☐ **Other Allergy or Other Food Requirements** (please state below):

Medical Professional Name

Medical Professional Position/Job Title

Doctor's Surgery/Hospital Name

Medical Professional Signature

Date

Doctor's Surgery/Hospital

Please Stamp Here

If completing form digitally, please click the link below to attach a digital stamp

Please note: *A digital stamp will not show in this box once attached.*

Attach

For any medical diet queries or for a copy of the medical diet policy, please contact: chartwells.medicaldiets@compass-group.co.uk