

# MEDICAL DIET: SUPPORTING EVIDENCE

**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: Child's Information (to be completed by the Parent/Guardian)

<b>Child's First Name</b>	<b>Child's Surname</b>
<input type="text"/>	<input type="text"/>
<b>Child's Date of Birth</b>	<b>Child's School Year Group</b>
<input type="text"/>	<input type="text"/>
<b>Parent/Guardian Name</b>	<b>Parent/Guardian's Phone number</b>
<input type="text"/>	<input type="text"/>
<b>Parent/Guardian's Email</b>	<input type="text"/>
<b>School Name and Address</b>	<input type="text"/>
<input type="text"/>	<b>Postcode</b> <input type="text"/>

## 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

- |                                                    |                                   |                                  |                                    |
|----------------------------------------------------|-----------------------------------|----------------------------------|------------------------------------|
| <input type="checkbox"/> Celery                    | <input type="checkbox"/> Fish     | <input type="checkbox"/> Mustard | <input type="checkbox"/> Soya      |
| <input type="checkbox"/> Cereals containing 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  |                                    |

### Other allergens

- |                                    |                                   |                                       |                                     |
|------------------------------------|-----------------------------------|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> Bananas   | <input type="checkbox"/> Coconuts | <input type="checkbox"/> Oranges      | <input type="checkbox"/> Tomatoes   |
| <input type="checkbox"/> Beans     | <input type="checkbox"/> Kiwis    | <input type="checkbox"/> Peas         | <input type="checkbox"/> Pineapples |
| <input type="checkbox"/> Chickpeas | <input type="checkbox"/> Lentils  | <input type="checkbox"/> Strawberries |                                     |
- Other Allergy or Other Food Requirement** (please state below)

<b>Medical Professional Name</b>	<b>Medical Professional Position/Job Title</b>
<input type="text"/>	<input type="text"/>
<b>Doctor's Surgery/Hospital Name</b>	Doctor's Surgery/Hospital Please Stamp Here
<input type="text"/>	
<b>Medical Professional Signature</b>	
<input type="text"/>	
<b>Date</b>	
<input type="text"/>	

For any medical diet queries or for a copy of the Medical Diet Policy, please contact: [chartwells.specialdiets@compass-group.co.uk](mailto:chartwells.specialdiets@compass-group.co.uk)