

# MEDICAL DIET REQUEST FORM

Please complete all parts of this request form in full or your application will not be processed.  
If you require assistance with understanding or completing this form, please contact the school for assistance.

If your child has a dietary requirement but does not require an adapted medical diet menu supported by Chartwells then there is no need to complete this request form.

Chartwells allergen reports, declaring the presence of the 14 mandatory Food Information Regulations allergens, and nutrient counts (including carbohydrates, protein and fat) are available for all Chartwells recipes on current menus. Please ask the kitchen team or request them from your local Chartwells contact.

## 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 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 print below)

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