MEDICAL DIET REQUEST FORM

Chartwells
EAT LEARN LIVE

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

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

Other allergens

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

☐ **Other Allergy or Other Food Requirement** (please print below)

☐ **My child requires an autoinjector (e.g. 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

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 or Allergy Action plan
☐ Chartwells Medical Evidence Support Form

Please refer to the Chartwells Medical Diet policy for more information:
https://loveschoolmeals.co.uk/medical-diets
For medical evidence requirements:
See section 4.0 'Medical Diet Requests & Processing'
For identification of pupils:
See section 6.0 'Identification of Customers with Medical Diets'

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

Please attach photo here.

If completing form digitally, please click link below to attach a photo

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

Attach

Part C: Terms and Conditions

By completing this medical diet request form, parents/guardians are consenting for an adapted Chartwells medical diet menu to be prepared for their child and for their child to be identified as having a dietary requirement in accordance with the identification system operated at the school. The medical diet menu will continue until Chartwells are notified in writing otherwise. You will receive a copy of the medical diet menu and are required to notify any discrepancies immediately. If you do not notify any discrepancies prior to the menu start date, this will signify the acceptance of the medical diet menu. It is the parent/guardian's responsibility to inform Chartwells in the case of any changes to the medical diet requested for their child. If Chartwells becomes aware of any other medical diet requirement which has not been notified through a request form with supporting evidence, service may be refused.

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. Otherwise, pupils must provide a packed lunch meal as an interim measure.

Chartwells reserve the right to decline a medical diet request if a risk assessment considers the medical risk too high, or the request process is not completed in full (for example if insufficient medical evidence is provided). In these circumstances, Chartwells may refuse to provide any diet to the pupil.

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/medical-diets

I consent to Compass processing this personal data for the purpose of providing a medical diet and 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 Chartwells. For any medical diet queries, or to obtain a hard copy of the full medical diet policy, please contact:
chartwells.medicaldiets@compass-group.co.uk