

CHARTWELLS SPECIAL DIET REQUEST FORM

To ensure ultimate transparency this request form must be supported with medical correspondence or the request will not be processed. Parents / guardians should attach an up to date photograph of their child to help with identification. All information will be kept strictly confidential.

SCHOOL NAME _____

PUPIL INFORMATION	
Pupil Name:	
Year Group:	
Allergies / Intolerances: Diet Required	
Date of Birth	
PARENT INFORMATION	
Parent / Guardian name:	
Contact Telephone:	
Contact Email Address	
Home Address	
CHARTWELLS INFORMATION:	
Unit Name & Number:	
Unit Manager:	
Contact Telephone:	
Date Requested:	

SPECIAL DIET MENU APPROVAL

Once a proposed menu is received the parent / guardian should sign & date below to confirm approval of menu:

PRINT:

SIGN:

DATE:

Please attach a photograph of your child alternative a copy can be emailed.