

SPECIAL DIET REQUEST FORM

This form is to be completed by the parent / carer if a special diet menu is required. Once complete, this form can either be returned to the school directly or by email to emma.mould@compass-group.co.uk. To ensure we get the special diet correct, we request that forms are supported with medical correspondence or the request may not be processed. This is to ensure that any underlying or hidden requirements are catered for.

Parents / carers should attach an up to date photograph of their child to help with identification. All information will be kept strictly confidential in accordance with the data protection guidance attached.

| PUPIL INFORMATION | |
|---------------------------|--|
| Pupil Name: | |
| Year Group/School: | |
| Allergies / Intolerances: | |
| PARENT INFORMATION | |
| Parent / Carer name: | |
| Contact Telephone: | |



| CHARTWELLS INFORMATION: (to be completed by Chartwells) | |
|--|--|
| Unit Name & Number: | |
| Unit Manager: | |
| Contact Telephone: | |
| Regional Manager: | |
| Date Requested: | |