

Medical Diet

Part A

Pupil Information

Pupil name		Pupil date of birth	
School name		School start date	

Parent/Carer Information

Parent/ Carer name	
Address	
Telephone number	
Email address	

Medical Diet Details

Type of diet/allergen	
Brief description of diet	
If required, is a care plan in place in school	

Signed letter from health professional confirming allergy/medical requirement attached: YES/NO

I / we confirm that the details are correct and will inform Derbyshire Catering Service of any changes in circumstances. (Please note that we may contact you for further information).

Signed: _____ **Relationship to pupil:** _____

Date: _____

The information received will only be used for the purposes of attending to your child's dietary needs, and will not be shared except with nutrition professionals and will be stored and maintained under the guidelines of the Authorities retention schedule.

Please return the completed form (including confirmation letter from health professional) for the attention of:

<p align="center">Katie Woods – Menu Development Officer Derbyshire County Council, Catering Service, Block C, Chatsworth Hall, Matlock, Derbyshire DE4 3FW Tel: 07990 664775 or email: catering@derbyshire.gov.uk</p>
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Please note: Derbyshire County Council Catering Service agrees to undertake the provision of the diet as detailed. Whilst all reasonable precautions will be taken to ensure all products supplied are free from nuts and other allergens, we cannot guarantee this to be the case as products may be subject to external influences which cannot be controlled by the Catering Service.

Confirmation of a Medical Diet

Part B (to be completed by office only)

Menu Development Officer

I have received, logged and sent the Medical Diet Form to the Primary Operational Manager/Caterer.

Signed: _____

Designation: _____

Date: _____

Recommendation

Meeting required with Parent/Carer: **Yes/No**

Reason (if applicable): _____

Operational Catering Manager/Caterer

Additional information provided by Parent/Carer – please use continuation sheet if required

Date: _____

Production Kitchen

I confirm as Catering Supervisor I fully understand the specified medical diet menu to be provided.

Signed: _____ Date: _____

Servery Kitchen

Signed: _____ Date: _____

Date of commencement of diet: _____

Parent and school informed of start date: Email/Phone/Letter

Signed: _____ Date: _____