

## CHARTWELLS SPECIAL DIET REQUEST FORM

*This form is to be completed by the parent / guardian or unit manager once a special diet menu is required and sent to the Chartwells special diet team*

*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.*

*Please note there is a 3 week turnaround for all new special diet requests*

PUPIL INFORMATION	
Pupil Name:	
Year Group/School:	
Allergies / Intolerances:	
PARENT INFORMATION	
Parent / Guardian name:	
Contact Telephone:	
CHARTWELLS INFORMATION:	
Unit Name & Number:	
Unit Manager:	
Contact Telephone:	
Regional Manager:	
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.*