

1st November 2016

Dear Parent/Carer,

RE: Special Diet Procedures

Special diets are an important part of the catering provision in schools, and in common with most caterers, Chartwells, the school's catering service, have well developed policies and guidelines to eliminate the risk for any children who may be affected by special diets.

For this to be most effective, it is essential that we adopt a joint approach between school, home and the catering service, to ensure that suitable menus are available for all children each day. To enable us to safely provide food and drink items to children with allergies, we require a special diet request form to be completed by parents and guardians, ideally supported by a letter from the GP/Dietician confirming the request.

On receipt of this form, Chartwell's nutrition team will assess the detail of the special dietary request and work with the catering team on site and parents/carers, to ensure that an appropriate special diet menu is provided.

If your child is affected by a special diet, please complete the enclosed form and return it to the Houseparent at the school.

Yours faithfully

Kind regards,



Dr Jarrett
Head of School

Special Diet Request Form

Name of Child:

Name of Parent/Carer:

Address:

.....

.....

Tel:

Name of School:

Diet Requested:

If your child's diet is very restricted please assist us in developing the most appropriate menu by providing further information below.

Food preferences:

.....

Food dislikes:

.....

Additional comments:

Has your child ever experienced an anaphylactic shock? Yes No

Does your child require/hold an EpiPen? Yes No

Other:

.....

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.....

Signed:

Date:

PLEASE ENSURE A LETTER FROM YOUR CHILD'S DIETICIAN/GP IS ENCLOSED.



Special Diet Request Form

This form is to be completed by the unit manager once a special diet request has been made. This must be supported with a medical note to confirm the special diet.

School Name:

Unit Manager:

Regional Manager:.....

Name of Child:

Name of Parent/Carer:

Contact details for Parent/Carer:

Details of diet required:

.....

.....

Proposed Diet Start Date:

Signed (Unit Manager):

Signed (Regional Manager):

Doctor /dietician note or care plan attached.