

Katie Woods
Menu Development Officer
Children's Services
Block C
Chatsworth Hall
Chesterfield Road
Matlock
Derbyshire
DE4 3FW

Telephone 07990 664775
Ask for Katie Woods
Email Katie.woods@derbyshire.gov.uk
Our ref
Your ref
Date 31 March 2021

Dear Parent/Carer

Provision of a Medical Diet

Derbyshire Catering Services believe that the provision of medical diets is an important part of the service we offer to pupils, parents/carers and schools. We work in partnership with schools to ensure pupils who require an alternative diet due to medical reasons are catered for.

If your child requires a medical diet please complete Part A of the Medical Diet Form attached to this letter and return to the address indicated.

PLEASE NOTE: all requests for medical diets must be accompanied by written confirmation from a health care professional. Until written confirmation is received a medical diet will not be provided.

Every effort will be made to provide the diet required. Medical dietary requirements will be managed in a way that is realistic to the catering section and pupil and therefore it may not be possible to accommodate all desired amendments. If necessary we may contact you to clarify your child's particular needs.

When the medical diet form is received, our Menu Development Officer will action any necessary arrangements with the Catering Supervisor at your child's school. Once the arrangements are confirmed we will advise you of a date when the dietary arrangements are in place.

We would be grateful if you could notify the Catering Supervisor at your school if you no longer require a medical diet for your child or if they change from the school meals service to a sandwich meal.

If your child moves to a new school (i.e. changing schools or moving from infant to junior school or primary to secondary school) a new application must be submitted.

Yours sincerely



Katie Woods
Menu Development Officer
Children's Services

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:

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

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: _____