

MEDICAL DIET REQUEST FORM

Please complete all parts of this request form in full or your application will not be processed.

If you require assistance with understanding or completing this form, please contact the school for assistance.

If your child has a dietary requirement but does not require an adapted medical diet menu supported by Bishop Chadwick then there is no need to complete this request form.

Bishop Chadwick allergen reports, declaring the presence of the 14 mandatory Food Information Regulations allergens, and nutrient counts (including carbohydrates, protein and fat) are available for all Chadwick's kitchen recipes on current menus.

Part A: Medical Diet Information (to be completed by the Parent/Guardian)

Child's First Name

Child's Surname

Child's Date of Birth

Child's School Year Group

Parent/Guardian Name

Parent/Guardian's Phone number

Parent/Guardian's Email

School Name

School Address

School Postcode

Medical Diet (please tick all that apply):

14 Main Allergens

- | | | | |
|--|-----------------------------------|----------------------------------|------------------------------------|
| <input type="checkbox"/> Celery | <input type="checkbox"/> Fish | <input type="checkbox"/> Mustard | <input type="checkbox"/> Soya |
| <input type="checkbox"/> Cereals containing Gluten | <input type="checkbox"/> Lupin | <input type="checkbox"/> Nuts | <input type="checkbox"/> Sulphites |
| <input type="checkbox"/> Crustaceans | <input type="checkbox"/> Milk | <input type="checkbox"/> Peanuts | |
| <input type="checkbox"/> Eggs | <input type="checkbox"/> Molluscs | <input type="checkbox"/> Sesame | |

Other allergens

- | | | | |
|------------------------------------|-----------------------------------|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> Bananas | <input type="checkbox"/> Coconuts | <input type="checkbox"/> Oranges | <input type="checkbox"/> Tomatoes |
| <input type="checkbox"/> Beans | <input type="checkbox"/> Kiwis | <input type="checkbox"/> Peas | <input type="checkbox"/> Pineapples |
| <input type="checkbox"/> Chickpeas | <input type="checkbox"/> Lentils | <input type="checkbox"/> Strawberries | |

Other Allergy or Other Food Requirement (please print below)

My child requires an autoinjector (EpiPen) for their medical diet (please tick if this applies)

My child also requires their medical diet to be (please tick all that apply):

- | | | | |
|-------------------------------------|--------------------------------|------------------------------------|------------------------------------|
| <input type="checkbox"/> Vegetarian | <input type="checkbox"/> Vegan | <input type="checkbox"/> Pork Free | <input type="checkbox"/> Beef Free |
|-------------------------------------|--------------------------------|------------------------------------|------------------------------------|

Part B: Supporting Documentation (to be provided by the Parent/Guardian)

1

I confirm that I am attaching medical Please attach a confirming the medical diet photo of your child for one or more purposes. as appropriate):

Doctor/Dietitian Letter or note

Other medical professional Letter or note

Professional medical care or Allergy Action plan Medical Evidence Support Form

2

recent colour passport style evidence identification requested in part A (please tick

Please attach photo here

Part C: Terms and Conditions

By completing this medical diet request form, parents/guardians are consenting for an adapted medical diet menu to be prepared for their child and for their child to be identified as having a dietary requirement in accordance with the identification system operated at the school. The medical diet menu will continue until the Childs school are notified in writing otherwise. You will receive a copy of the medical diet menu and are required to notify any discrepancies immediately. If you do not notify any discrepancies prior to the menu start date, this will signify the acceptance of the medical diet menu. It is the parent/guardian's responsibility to inform the school in the case of any changes to the medical diet requested for their child.

The school kitchen can provide a jacket potato with a suitable topping from the date of receipt of a medical diet request until the date a medical diet menu has been confirmed for a child. Otherwise, pupils must provide a packed lunch meal as an interim measure.

Bishop Chadwick reserve the right to decline a medical diet request if a risk assessment considers the medical risk too high, or the request process is not completed in full (for example if insufficient medical evidence is provided). In these circumstances, Bishop Chadwick may refuse to provide any diet to the pupil.

Bishop Chadwick will process the personal data you have supplied, in accordance with the data protection laws that apply to the UK. We do so to protect the vital interest of your child. We will only share this personal data with those people or organisations that may require it to keep your child safe and healthy. We will keep this personal data for no longer than is necessary, and at most for 3 years after they leave the school named on this form. Under UK data protection legislation, you have certain rights in relation to your personal data.

I consent to Bishop Chadwick processing this personal data for the purpose of providing a medical diet and I confirm that I have read and understood the above

Parent/Guardian Name

Signature

Date

Please return this completed form with supporting medical evidence to your school for it to be returned to the Catering team.