

# Medical Diet

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## 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 B, Chatsworth Hall, Matlock,  
 Derbyshire DE4 3FW  
 Tel: 01629 536702 or email: [catering@derbyshire.gov.uk](mailto: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.



Your complimentary use period has ended. Thank you for using PDF Complete.

RESTRICTED

# ation of a Medical Diet

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**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: \_\_\_\_\_