



**SPECIAL DIETARY ALLERGY/MEDICAL
MEAL REQUEST FORM**

Name & Age of pupil:	
School Attended/ Tel: Name of the School: Location:	
Medical Condition:	
Date of Doctor Report:	<i>Please attach letter from GP or Medical report with this form</i>
Details of Allergic or Medical condition: (Please continue over)	
Parent/Carer Name (Printed): Tel: :	Email:
Signature:	
Head Teacher Authorising Request:	
Date Submitted:	

For Office use only

<i>Date Received:</i>	<i>Ref No:</i>
<i>Action Taken:</i>	

Please email a copy of the form back to bpdadmin@compass-group.co.uk

Whilst Chartwells will ensure that the food served to your child in accordance with this special diet will not contain, in the ingredients, any of the allergen specified on the diet – we cannot guarantee against traces of the substance from possible factory contamination, and this must be considered when confirming your acceptance of the special diet.