

SCHOOL FOOD SUPPORT SERVICE

MEDICAL DIET – SCHOOL MEALS REQUEST FORM

CHILDS DETAILS

Childs Name.....Date of Birth.....School Year.....

Address.....Post Code.....

PARENT / GUARDIAN DETAILS

Contact Name.....

Contact Address.....

Contact Phone Number.....

Email Address

In making this request for a medical diet, I acknowledge that whilst employees of the County Council will make every reasonable effort to comply with my child's dietary requirements, this is not always possible because of manufacturers' variations to food items, which are outside our control.

Signed.....

SCHOOL DETAILS

Name of School.....

School Address.....

Is the Head teacher involved?.....

DIETARY DETAILS

Details of Special Dietary Requirements.....

Diet Sheet Attached Yes [] No []

If no, please give further details/action points below. If yes, use this space to add further comments

.....

Name of Dietitian or Contact Health professional.....

Signature of Dietitian or medical professional.....

Address..... Tel No:.....

Please return this form to:

Paula McKee, Senior Dietitian, School Food Support, Unit 14, The Courtyard, Whitwick Business Park, Stenson Road, Coalville, LE67 4JP. Tel No: 0116 3055770. Fax No: 0116 3055785

Urgent messages can be left for Paula via switchboard at LNDS HQ, Enderby on 01162727200.