

SPECIAL DIET MENU REQUEST FORM

Medical confirmation of the child's dietary requirements must be provided alongside the request form.

Name of Pupil:		
School Attended:		School Year:
Dietary Requirements:		
Name/Status of person Authorising Request: i.e. Parent/Guardian, Head Teacher, School Secretary		
Email Address:		
Date of Request:		
Telephone Number:		

E-Mail to: westsussexspecialdiets@compass-group.co.uk

Post to: Chartwells, Unit 2 Lincoln House, City Fields Way, Tangmere, Chichester. PO20 2FS

A special diet menu and consent form will be forwarded to the advised email address. This will need to be completed and returned and a menu start date agreed before hot meals can commence.

Any questions please contact the
Chartwells Office on 01243 836130

