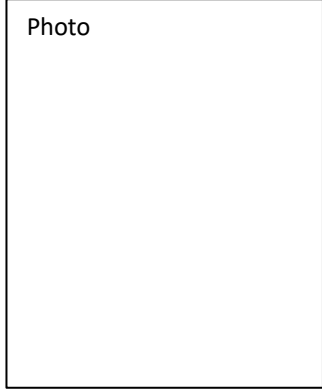


Pupil Medical Sheet

Photo



Photograph to be updated each September

Date diet commences:

Name:.....

Class/Year:.....

Medical letter states that I am allergic to:

1.....

2.....

3.....

4.....

School Management Plan:

What is the process of identifying this pupil to the catering team on a daily basis?.....

.....

.....

| ONSITE CATERING TEAM TO COMPLETE: | SCHOOL TO COMPLETE: |
|---|----------------------------|
| I confirm that I / we have read and understood the above. | |
| I confirm that I / we have reviewed the tailored diet sheet | |
| SIGNED | SIGNED |
| PRINT NAME | PRINT NAME |
| DATE | DATE |

PLEASE ENSURE THIS FORM IS EASILY ACCESSIBLE BY ALL STAFF WORKING IN THE KITCHEN