**Pupil Medical Sheet**

Photo

Date diet commences: ……………….………………

#### Name: …………………………………………………………

#### Class/Year: ………………………………………………….

Photograph to be updated each September

#### Medical confirmation from Edsential HQ states 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 other than this document - please refer to the Allergen policy.

…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

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| --- | --- |
| **ONSITE CATERING TEAM 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 ………………………………………………………………  PRINT NAME ………………………………………………………  DATE …………………………………………………………………. | **SCHOOL TO COMPLETE:**  SIGNED ………………………………………………………………….  PRINT NAME …………………………………..…………………….  DATE ……………………………………………………………………… |

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