

SPECIAL DIET MENU REQUEST FORM

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

Name of Pupil:	
School Attended:	
Dietary Requirement:	
Name/Status of person Authorising Request: <small>ie Parent, Head Teacher, School Secretary</small>	
Email Address:	
Date of Request:	

Please fax to: 01243 774 242

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

Post to: Chartwells, Barn A, Manor Farm Barns, Selsey Road, Donnington, West
Sussex, PO20 7PL

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 Lauren Grantham
Office: 01243 836 130 **Mobile:** 07584 508 471