

Chartwells Proposed Menu Approval

This form is to be completed and signed by the parents or guardians of the child with the allergy or intolerance.

School:

Name of Child:

DOB:

Name of Parent/Guardian:

Special Diet Requested:

Menu Start Date:

I am satisfied that the proposed menu provided is suitable for the dietary requirements of my child and I am happy for it to begin on the stated date.

Signed:

Date:

EAT

LEARN

LIVE