

GATESHEAD SCHOOL MEALS SERVICE

Medical Diet Communications Report

Name : - _____

Class: - _____

Home telephone number : - _____

Emergency Contact 1

Name of Contact : - _____

Phone Number : - _____

Emergency Contact 2

Name of Contact : - _____

Phone Number : - _____

Doctor

Name : - _____

Phone Number : - _____

In emergency take the following action :

Please affix photograph here.

Details of diet (including likes & dislikes) :

Introduced to dining room supervisors and catering staff : -

please tick

Signature of Doctor / Dietician : - _____ Date : - _____