

## **GATESHEAD SCHOOL MEALS SERVICE**

## Medical Diet Communications Report

Name :	
Class:	
Home telephone number :	
Emergency Contact 1	
Name of Contact : -	
Phone Number :	
Emergency Contact 2	Please affix photograph here.
Name of Contact :	
Phone Number : -	
Doctor	
Name :	
Phone Number : -	
In emergency take the following action :	
Details of diet (including likes & dislikes) :	
Details of thet (moldaling likes & dislikes).	
Introduced to dining room supervisors and catering staff : -	please tick
introduced to diffing footh supervisors and catering stall	□ picase tick
Signature of Doctor / Dietician :	Date :
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