

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 :



Details of diet (including likes & dislikes) :

Introduced to dining room supervisors and catering staff : - please tick

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