

Medical Diets: Double-Checking Confirmation Sheet

Please complete this sheet with a team member after plating each medical diet meal. If your pupils are dining in the classroom (or outside of the dining hall), please also request that a school member of staff completes the final column to confirm receipt of the medical diet meals.

Store securely in your Medical Diets Folder for 1 month from service date.

UNIT NAME:		UNIT NUMBER:					
Date	Name of Medical Diet Pupil	Medical Dietary Requirement	Medical Diet Menu Type	Meal plated to serve	Plated by	Double-checked by	School member of staff receiving the meal (if applicable)
08/MAR/21	BILLY SMITH (EXAMPLE ROW)	EGG, MILK AND TOMATO FREE	BESPOKE	FISH FINGERS & CHIPS WITH PEAS SD FROZEN RASPBERRY SMOOTHIE	JO COOPER J. COOPER	CHRIS RICHARDS C. RICHARDS	MRS F BRADLEY F. BRADLEY
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