



Dietary Request Form

About you

Pupil:	Member of staff	Visitor
Name:	Name:	Name:
Year:	Dept:	Date of visit:
Tutor:	Tutor:	Event attending:
Day/boarding:	On/off site:	Meals attending:
Evenings resident	Evenings resident	Comments:
M T W T F S S	M T W T F S S	

Type and severity of dietary need

Category	Tick ✓	Mild	Moderate	Severe	Details
Food intolerance					
Food allergy					
Medical					
Lifestyle					

Do you avoid foods with “may contain” on the ingredients panel? Yes No

Your dietary request

List the foods you cannot eat	List the foods you like (we will try and oblige)	List any foods you don't like (we will avoid)

Tick the box which best describes how you would like the School to support you

I can manage my own diet and do not need any special provision – I will ask for more information if unsure.	
I need to pre-order a plated meal which I will collect from the kitchen servery at meal times.	
I am a visitor and will identify myself to the staff on duty.	
Other	

I have read and agree to follow the special dietary request procedures

Signed..... Print.....

Date.....

Contact information

Catering Team	01622 845215 catering@svs.org.uk
Medical Centre	01622 845235 nurses@svs.org.uk
Junior Matron (days)	01622 845230 bancroftn@svs.org.uk
Junior Matron (evenings)	01622 845300 davisj@svs.org.uk