

LOVE SCHOOL MEALS

NUTRITIOUS FOOD AND MEMORABLE EXPERIENCES



 **Chartwells**
So much more than Fantastic food

THE BENEFITS OF SCHOOL MEALS



1

SCHOOL MEALS ARE FREE

Children can enjoy school meals for free throughout primary school.

2

MAKING CHILDREN HEALTHIER

Children who eat school meals typically eat more fruit and vegetables and drink more water throughout the day.

3

BEHAVIOUR & CONCENTRATION

A nutritious midday meal supports afternoon learning and concentration.

4

TASTY THEME DAYS

Throughout the year, your child will enjoy special themed menus that bring excitement to lunchtime, while cultural celebrations introduce children to foods from around the world.

5

MAKING FOOD FUN

Our dining staff work hard to create a positive food environment, encouraging children to try and learn about new foods in a supportive setting whilst socialising with friends as they eat.



INSPIRING AND EDUCATING
100,000 PUPILS
EVERY YEAR WITH OUR NUTRITION WORKSHOPS



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Save up to £457

with FREE school meals

AT CHARTWELLS, WE ARE PASSIONATE ABOUT ENCOURAGING AND ENABLING MORE CHILDREN TO MAKE HEALTHY CHOICES AND ENJOY A NUTRITIOUS SCHOOL MEAL TO GET THE MOST OUT OF THEIR DAY.

Chartwells' school meals have been lovingly created by a team of talented chefs and dedicated nutritionists making sure menus are packed with all the ingredients children need to grow strong and healthy.

Making a home-packed lunch for your child each day can be time-consuming and expensive. School meals can relieve some of this pressure by providing a hot, nutritious lunch for your child, every school day.



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FREQUENTLY ASKED QUESTIONS



WHAT IF MY CHILD HAS AN ALLERGY OR SPECIAL DIET?

Our primary objective is to keep our pupils - your children - safe every day when enjoying their school meals.

We take allergies very seriously and, supported by our robust Medical Diet Policy, we've taken every step to ensure that as many children as possible living with food allergies and intolerance can eat safely at school with their friends.

To find out more please email:
chartwells.medicaldiets@compass-group.co.uk

CAN A PACKED LUNCH BE PROVIDED INSTEAD OF A HOT MEAL?

Absolutely! Our packed lunches are made fresh each day and are designed to be both tasty and nutritious, ensuring that children enjoy a balanced and satisfying meal.

Our menus are packed with familiar favourites such as cheese & tomato pizza, roast dinners and homely pies

WHAT IS INCLUDED IN A SCHOOL MEAL?

Every day, you can be assured that a school meal will offer:

- At least two portions of fruit and vegetables
- Dairy food items rich in calcium for strong bones and teeth
- Starchy carbohydrates to provide energy
- A protein source to support the body's growth and repair.

HOW DO I ORDER AND PAY FOR SCHOOL MEALS?

All children in the UK in Reception, Year 1 or Year 2 are entitled to a delicious hot meal or packed lunch for FREE.

From Year 3 (KS2), your child may still be eligible for free school meals, simply visit www.gov.uk/apply-free-school-meals to check.

Schools may have an online facility that allows you to order your children's meals. If your child is in KS2 and above, then the portal will allow you to order and pay for meals.



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MEDICAL DIET REQUEST FORM



Please complete all parts of this request form in full or your application will not be processed.
If you require assistance with understanding or completing this form, please contact the school for assistance.

If your child has a dietary requirement but does not require an adapted medical diet menu supported by Chartwells then there is no need to complete this request form.

Chartwells allergen reports, declaring the presence of the 14 mandatory Food Information Regulations allergens, and nutrient counts (including carbohydrates, protein, and fat) are available for all Chartwells recipes on current menus. Please ask the kitchen team or request them from your local Chartwells contact.

Part A: Medical Diet Information (to be completed by the Parent/Guardian)

Child's First Name

Child's Surname

Child's Date of Birth

Child's School Year Group

Parent/Guardian Name

Parent/Guardian Phone Number

Parent/Guardian's Email

School Name

School Address

School Postcode

Medical Diet (please tick all that apply)

14 Main Allergens

- | | | | |
|--|-----------------------------------|----------------------------------|------------------------------------|
| <input type="checkbox"/> Celery | <input type="checkbox"/> Fish | <input type="checkbox"/> Mustard | <input type="checkbox"/> Soya |
| <input type="checkbox"/> Cereals containing Gluten | <input type="checkbox"/> Lupin | <input type="checkbox"/> Nuts | <input type="checkbox"/> Sulphites |
| <input type="checkbox"/> Crustaceans | <input type="checkbox"/> Milk | <input type="checkbox"/> Peanuts | |
| <input type="checkbox"/> Eggs | <input type="checkbox"/> Molluscs | <input type="checkbox"/> Sesame | |

Other Allergens

- | | | | |
|------------------------------------|-----------------------------------|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> Bananas | <input type="checkbox"/> Coconuts | <input type="checkbox"/> Oranges | <input type="checkbox"/> Tomatoes |
| <input type="checkbox"/> Beans | <input type="checkbox"/> Kiwis | <input type="checkbox"/> Peas | <input type="checkbox"/> Pineapples |
| <input type="checkbox"/> Chickpeas | <input type="checkbox"/> Lentils | <input type="checkbox"/> Strawberries | |

Other Allergy or Other Food Requirements (please print below):

My Child requires an autoinjector (e.g EpiPen) for their medical diet (please tick if this applies)

My child also requires their medical diet to be (please tick all that apply):

- Vegetarian Vegan Pork Free Beef Free

Part B: Supporting Documentation (to be provided by the Parent/Guardian)

1 I confirm that I am attaching medical evidence confirming the medical diet requested in part A (please tick one or more as appropriate):

- Doctor/Dietitian letter or note
- Other medical professional letter or note
- Professional medical care or Ailergy Action Plan
- Chartwells Medical Evidence Support Form

Please refer to the Chartwells Medical Diet policy for more information:

For medical evidence requirements:

See section 4.0 'Medical Diet Requests & Processing'

For identification of pupils

See section 6.0 'Identification of Customers with Medical Diets'

2 Please attach a recent colour passport style photo of your child for identification purposes.

Please attach photo here
If completing form digitally
please click link below to
attach a photo

Please note: A digital photo will not show in this box once attached.

Attach

Part C: Terms and Conditions

By completing this medical diet request form, parents/guardians are consenting for an adapted Chartwells medical diet menu to be prepared for their child and for their child to be identified as having a dietary requirement in accordance with the identification system operated at the school. The medical diet menu will continue until Chartwells are notified in writing otherwise. You will receive a copy of the medical diet menu and are required to notify any discrepancies immediately. If you do not notify any discrepancies prior to the menu start date, this will signify the acceptance of the medical diet menu. It is the parent/guardian's responsibility to inform Chartwells in the case of any changes to the medical diet requested for their child. If Chartwells becomes aware of any other medical diet requirement which has not been notified through a request form with supporting evidence, service may be refused.

Chartwells can provide a jacket potato with a suitable topping from the date of receipt of a medical diet request until the date a medical diet menu has been confirmed for a child. Otherwise, pupils must provide a packed lunch meal as an interim measure.

Chartwells reserve the right to decline a medical diet request if a risk assessment considers the medical risk too high, or the request process is not completed in full (for example if insufficient medical evidence is provided). In these circumstances, Chartwells may refuse to provide any diet to the pupil.

Chartwells will process the personal data you have supplied, in accordance with the data protection laws that apply to the UK. We do so to protect the vital interest of your child. We will only share this personal data with those people or organisations that may require it to keep your child safe and healthy. We will keep this personal data for no longer than is necessary, and at most for 3 years after they leave the school named on this form. Under UK data protection legislation, you have certain rights in relation to your personal data. These are more clearly stated on the full Privacy Notice on our corporate website. This statement is only intended as a summary Privacy Notice. Please use the link to see our full Privacy Notice: <https://www.compass-group.co.uk/about/privacy-policy>.

I consent to Compass processing this personal data for the purpose of providing a medical diet and I confirm that I have read and understood the above

Parent/Guardian Name

Signature

Date

Please return this completed form with supporting medical evidence to your school for it to be returned to Chartwells For any medical diet queries, or to obtain a hard copy of the full medical diet policy, please contact: chartwells.medicaldiets@compass-group.co.uk

MEDICAL DIET: SUPPORT FORM



To the Parent: This form should be completed in conjunction with the Chartwells Medical Diet Request form. Please ONLY complete this medical diet evidence form if you do not have other professional medical evidence to support your child's medical diet request. Please ensure all parts of this form are completed in full and that it matches your child's medical diet request form or the evidence cannot be accepted.

To the Medical Professional: This form is being provided in connection with a request for a medical diet where standard catering provision is unsuitable and requires adaptation to be made safe for a pupil due to a medically diagnosed dietary requirement.

Part A: Medical Diet Information (to be completed by the Parent/Guardian)

Child's First Name	Child's Surname	
<input type="text"/>	<input type="text"/>	
Child's Date of Birth	Child's School Year Group	
<input type="text"/>	<input type="text"/>	
Parent/Guardian Name	Parent/Guardian Phone Number	
<input type="text"/>	<input type="text"/>	
Parent/Guardian's Email	<input type="text"/>	
School Name and Address	<input type="text"/>	
	Postcode	<input type="text"/>

Part B: Medical Diet Confirmation (to be completed by the Medical Professional)

I confirm that the child detailed in Part A requires the below medical diet:

14 Main Allergens

- | | | | |
|--|-----------------------------------|----------------------------------|------------------------------------|
| <input type="checkbox"/> Celery | <input type="checkbox"/> Fish | <input type="checkbox"/> Mustard | <input type="checkbox"/> Soya |
| <input type="checkbox"/> Cereals containing Gluten | <input type="checkbox"/> Lupin | <input type="checkbox"/> Nuts | <input type="checkbox"/> Sulphites |
| <input type="checkbox"/> Crustaceans | <input type="checkbox"/> Milk | <input type="checkbox"/> Peanuts | |
| <input type="checkbox"/> Eggs | <input type="checkbox"/> Molluscs | <input type="checkbox"/> Sesame | |

Other Allergens

- | | | | |
|------------------------------------|-----------------------------------|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> Bananas | <input type="checkbox"/> Coconuts | <input type="checkbox"/> Oranges | <input type="checkbox"/> Tomatoes |
| <input type="checkbox"/> Beans | <input type="checkbox"/> Kiwis | <input type="checkbox"/> Peas | <input type="checkbox"/> Pineapples |
| <input type="checkbox"/> Chickpeas | <input type="checkbox"/> Lentils | <input type="checkbox"/> Strawberries | |

Other Allergy or Other Food Requirements (please state below):

Medical Professional Name

Doctor's Surgery/Hospital Name

Medical Professional Signature

Date

Medical Professional Position/Job Title

Doctor's Surgery/Hospital

Please Stamp Here

If completing form digitally, please click the link below to attach a digital stamp

Please note: A digital stamp will not show in this box once attached.

Attach

For any medical diet queries or for a copy of the medical diet policy, please contact: chartwells.medicaldiets@compass-group.co.uk