**FRANK CHAPMAN - DIETARY AND MEDICAL INFORMATION FORM**

***FOR STAFF AND STUDENTS*** To ensure effective preparation, please return at least **2 weeks prior to your visit**

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| **Accommodation:** |  | | | | | **Key Stage:** | |  |
| **School/Group:** |  | | | | | | | |
| **Date of Course:** |  | | | | | | | |
| **Pupil Numbers:** |  | **Boys:** |  | **Girls:** |  | | **Staff Numbers:** |  |
| **Sandwell schools only:** Please state number of Looked After Children as they are funded by the service: | | | | | | | |  |

**Special Diets and Food Allergies:** We are unable to provide Halal products, vegetarian option is recommended as an alternative, please include in list below

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| --- | --- | --- | --- | --- | --- | --- |
| **Name (please advise if staff or pupil)** | **Vegetarian** | **No Fish** | **No Pork** | **No Beef** | **No Dairy** | **Allergies / Further Notes** |
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| **Name (please advise if staff or pupil)** | **Vegetarian** | **No Fish** | **No Pork** | **No Beef** | **No Dairy** | **Allergies / Further Notes** |
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**Visiting Staff:** Please give details of any additional meals required (non-resident staff)

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| --- | --- | --- | --- | --- | --- |
|  | Mon | Tues | Weds | Thurs | Fri |
| Breakfast |  |  |  |  |  |
| Lunch |  |  |  |  |  |
| Evening meal |  |  |  |  |  |

**Please note:** Anyone who has suffered from sudden repeated vomiting and/or diarrhoea must be free from symptoms for **24 hours** before visiting the centre

**Disabilities / Medical Conditions**

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| **Name** | **Nature and severity of Disability**  **/ Medical Conditions** | **Implications on Activities** |
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**Special Needs – Learning / Behavioural**

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| **Name** | **Nature and severity of Disability**  **/ Medical Conditions** | **Implications on Activities** |
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