**STAFF AND STUDENT DIETARY,**

**MEDICAL INFORMATION, AND OTHER NEEDS**

To ensure effective preparation, please complete and return to ingestre\_hall@sandwell.gov.uk at least **2 weeks prior to your visit.**

|  |  |  |  |
| --- | --- | --- | --- |
| School/group: | | Date of course: | Year group(s): |
| Total Pupil numbers: | Boys: | Girls: | Number of staff: |
| **Sandwell schools only:** Please indicate the number ofSandwell Looked After Children. LAC attend free of charge when visiting residentially with their school in term time; places are funded by the Residential Education Service. | | | Number of Sandwell LAC: |

**DIETS AND FOOD ALLERGIES**

We do not provide Halal products; we are happy to provide a vegetarian option as an alternative. Please include in the list below.

Please note that **food allergies** are potentially life-threatening and must be disclosed **with the specific allergen(s) stated**. No food containing any disclosed allergens can be brought on site. Please do not allow any home-produced food to be brought to the centre.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name | Vegetarian | No fish | No pork | No beef | No dairy | **Food Allergies** | Food intolerances / further notes |
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Visiting staff: Please give details below of any additional meals required (non-resident staff).

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

**DISABILITIES/MEDICAL CONDITIONS**

|  |  |  |
| --- | --- | --- |
| Name | Nature and severity of disability/medical conditions | Implications on activities |
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**SPECIAL NEEDS (LEARNING/BEHAVIOURAL)**

|  |  |  |
| --- | --- | --- |
| Name | Nature and severity of special needs | Implications on activities |
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**Please note:** Anyone who has suffered from sudden repeated vomiting and/or diarrhoea must be free from symptoms for 24 hours before coming to the centre.