

Special Diets/Allergy Form

Dear Parent/Guardian

Aspens are committed to providing meals for children with special diets for medical and cultural requirements.

It is essential that all parties concerned work together when providing a safe, special diet and that this is reviewed with every menu change. Therefore, please ensure this form is fully completed.

If the parents and Head teacher agree, we will also display a 'Food Allergy Record Sheet' and a photo of the child on the kitchen wall near the servery.

It is vital that all forms are accompanied with a referral letter from a medical professional (GP/consultant/dietician). It is important the Operations Manager & Unit manager have contacted the student's parents/guardian and students requiring the special diet to ensure they give the right meal to the right child. This form should be handed into the school and discussed with them in the first instance.

School/Academy	Male		Female
Student's Name			
Student's Class			
Diet required or allergy information <i>(please tick)</i>	Peanut Milk Crustacean	Soybean	Fish
	Celery Nuts Sesame Seeds	Mustard	Lupin
	Eggs Molluscs Gluten	Sulphites	*Other
	*Other – Please state		
Please provide details of the nature of the allergy/intolerance and whether can have may contain in the ingredients list?			
Has the allergy or intolerance been medically diagnosed? (Please provide evidence)			
<p>The Company uses a colour coding system to identify student requirements. Please tick which applies:</p> <p>RED – student has had a severe reaction/anaphylactic shock</p> <p>AMBER – student has an allergy or intolerance</p> <p>BLUE – student excludes foods due to life style choice</p> <p>For students that have been identified as RED a meeting must be arranged between the Company and Parents to discuss the student's requirements and agreed actions. Without this meeting we are unable to cater for the student due</p>			

to the risk.

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Life Style – please provide details for dietary requirements based on lifestyle choices:

Main contact name and relationship	
Main contact – phone number and email address Second contact – name and relationship Second contact - phone number	

Has a photo ID form been completed and issued to the kitchen? If EpiPen/ medicine is needed, who is the contact in school and is it kept on site?

I confirm that the information supplied is correct and will notify of any changes to the school and caterer immediately. I also understand that this information will be shared with others and displayed in the kitchen (photo & allergy)	
Name Signed	Date

<p>RED Category Student</p> <p>Plated Meal provided</p> <p>Packed lunch provided by the parent/guardian</p> <p>Student going home</p> <p>Other</p>

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Any other relevant information	
Operations/Area Manager Signed	Date
Unit Manager Name Signed	Date

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