

Special Diets/Allergy Form

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 are happy, we will also display a 'Food Allergy Record Sheet' and a photo of the child on the kitchen wall near the server.

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 met 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.

Students Details					
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					
Has the allergy or intolerance been medically diagnosed? (Please provide evidence)					
The Company uses a colour coding system to identify student requirements. Please tick which applies: RED – student has had a severe reaction/anaphylactic shock AMBER – student has an allergy or intolerance BLUE – student excludes foods due to life style choice 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 to the risk.					
Life Style – please provide details for dietary requirements based on life style choices:					

