**Alternative Menu Form**

**(Allergy & Lifestyle Notification and Medical Diet Request)**

The Company is committed to providing meals for children with medical requirements and any allergy or lifestyle needs.

For core allergy and lifestyle requirements, this form can be returned to the school directly to notify the catering department of your child's requirements. Core allergen free menus available to all schools are NGCI (gluten), NGCI & milk free, milk free, egg free and allergen free. Vegan and Halal menus are also available on request. Core allergies are managed in accordance with our Allergy Policy. Parents may need a menu consultation with the catering team.

For medical diet requests, this form can be returned to the school who should forward it on to the operations manager. It is vital that all forms are accompanied with a referral letter or other information from a medical professional (GP/consultant/dietician). The Operations Manager & Unit manager may need to meet the student’s parent/guardian to discuss any specific requirement and will consult with the company Nutritionist for bespoke dietary needs.

| Students Details | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| School/Academy |  | | | Male | | Female | |
| Student’s Name |  | | |
| Student’s Class |  | | | | | | |
| **Diet requests are categorised into allergies, lifestyle and medical. Please complete the section/s which are applicable to the child’s dietary needs.** | | | | | | | |
| Allergy Notification | | | | | | | |
| Allergy information *(please tick)* | Peanut | Milk | Crustacean | | Soybean | | Fish |
| Can have ‘may contain’?  YES or NO | Celery | Nuts | Sesame Seeds | | Mustard | | Lupin |
| Have you provided a photo for our Alternative Menu Photo ID board YES or NO | Eggs | Molluscs | Gluten | | Sulphites | | \*Other |
| \*Other – Please state (if the child has an allergy outside of these 14, a bespoke menu may be required). | | | | | | | |
| Please provide details of the nature of the allergy/intolerance | | | | | | | |
| Has the allergy or intolerance been medically diagnosed? (This must be provided for students with severe reaction / anaphylactic shock.) | | | | | | | |

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| Do you require a menu consultation with the catering team? | | | |
| --- | --- | --- | --- |
| Lifestyle Request | | | |
| Please provide details for dietary requirements based on lifestyle choices:  Halal  Vegan  Other (bespoke menu required, please provide details below) | | | |
| Medical Request | | | |
| If the child requires a modified texture diet, please tick which texture/s **is** suitable:  IDDSI 7: Easy to chew  IDDSI 6: Soft & bite-sized  IDDSI 5: Minced & moist  IDDSI 4: Pureed / extremely thick  IDDSI 3: Liquidised / moderately thick  OTHER : Please complete below  Any additional details: | | | |
| Please provide details of any other medical dietary needs. Please attach evidence from a health professional. | | | |
| Parent/Guardian Details | | | |
| Main contact name and  relationship |  | | |
| Main contact – phone number and email address |  | | |
| Second contact – name and relationship |  | | |
| Second contact - phone  number |  | | |
| Other Information (completed by the Caterer) | | | |
| Has a photo been provided in order to complete the  “REMEMBER ME” form? |  | If EpiPen/ medicine is needed, who is the contact in school and is it kept on site? |  |

| Parent/Guardian Acceptance |
| --- |
| Whilst we can provide meals which do not include allergens, we cannot guarantee that dishes may not contain traces of allergens, as these may be stored, prepared & cooked in the same kitchen as well as present in some ingredients from our suppliers due to production techniques.  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 maybe displayed in the kitchen.) |

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| Name | Signed | Date |
| --- | --- | --- |

| Agreed Actions | | |
| --- | --- | --- |
| The Company uses a colour coding system to identify student requirements. **Based on the above information, please confirm which applies:**  **RED** – student has had a severe reaction/anaphylactic shock to known food or has a risk of choking. **AMBER** – student has an allergy or intolerance.  **BLUE** – student excludes foods due to lifestyle choice. | | |
| **RED Category Student**  Plated Meal provided  Packed lunch provided by the parent/guardian.  Student going home.  Modified texture menu required  Other | | |
| **AMBER & BLUE Student – Parent to order suitable meal from the menu following** | | |
| **Any other relevant information** | | |
| Operations/Area Manager | Signed | Date |
| Unit Manager Name | Signed | Date |

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