



Alternative Menu Form (Allergy Notification and Medical Diet Request)

Aspens is committed to providing support for children with medical dietary requirements and any allergy needs.

For core allergy requirements, this form must be returned to the school who will forward it on to the Aspens Operations Manager. Allergen safe menus that cover the 14 legal allergens are available to all schools. Allergen safe menus are managed in accordance with our Allergy Policy. Parents may need a menu consultation with the catering team.

For medical diet requests, this form must be returned to the school who will forward it on to the Aspens Operations Manager. The Operations Manager and Catering Manager may need to meet the child's parent/guardian to discuss any specific requirement and will consult with the company Nutritionist for bespoke dietary needs.

Students Details					
School Name			Male		Female
Child's Name					
Child's Class					
Diet requests are categorised into allergies. Please complete the section(s) which are applicable to the child's dietary needs.					
Allergy/Intolerance Notification please indicate the allergy/allergies your child CAN NOT consume					
Please confirm if allergy or intolerance (please circle)	Allergy		Intolerance		
Please indicate the foods the student CAN NOT HAVE: (please circle)	Peanut	Milk	Crustacean	Soybean	Fish
	Celery	Nuts	Sesame Seeds	Mustard	Lupin
	Eggs	Molluscs	Gluten	Sulphites	*Other
*Other – Please state (if the child has a dietary requirement outside of the 14 Allergens. A bespoke menu may be required).					
Please provide details of the nature of the allergy/intolerance, such as ingestion/direct contact/indirect contact.					

Has the allergy or intolerance been medically diagnosed? Medical evidence is required, please attach evidence from a health professional.		
Do you require a menu consultation with the Aspens catering team?		
Does your child require an EpiPen and if so, is one provided to the school?		
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. Medical evidence is required, please attach evidence from a health professional.		
Parent/Guardian Details		
Contact name and relationship		
Contact phone number and email address		
Other Information (completed by School)		
Has the school provided an up to date photo to Aspens?		
If EpiPen/medicine is required, who is responsible in the school and is it kept on site?		
Have all relevant health plans been shared with the catering team?		
Other Information (completed by the Caterer)		
Has an up to date photo been provided by the school? (School to attach photo when sending the form to the Operations Manager)	Yes	No
If EpiPen/medicine is required, who is responsible in the school, has the school contact details been made available?		
Have all relevant health plans been received?		

Parent/Guardian Acceptance		
Whilst we can provide meals which do not include allergens, please understand that these meals are prepared in a kitchen where other foods are stored, prepared and cooked that contain allergens. I confirm that the information supplied is correct and I will notify any changes to the school and caterer immediately. I consent to the caterer having and storing a photo of my child and understand that this information will be shared with others and maybe displayed in the kitchen.		
Name:	Signed:	Date:

Company use only

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 intolerance.		
RED Category Student Plated Meal provided Packed lunch provided by the parent/guardian. Student going home. Modified texture menu required Other		
Type of Menu Agreed		
AMBER - Parent to order suitable meal from the menu following review of the completed form and meeting with the parent.		
Any other relevant information		
Operations Manager Name:	Signed:	Date:
Catering Manager Name:	Signed:	Date:

We take the security of child data seriously. Any information provided will be stored securely and will only be shared with the staff needed to produce and serve an appropriate menu for your child. We may request a photograph of your child to ensure we provide the correct meal at the point of service. The medical information provided, and any photograph, will be destroyed/deleted once it is no longer needed.

In certain circumstances, the medical information may be shared with our trusted 3rd party, Added Value Enterprises, for additional meal design support. They follow the same data protection principles.

Any queries on data privacy should be raised with the company Operations team at the school, or with the company Data Protection Officer - dpo@support-services.com