Alternative Menu Form (Allergy & Lifestyle Notification and Medical Diet Request)

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

<u>For core allergy and lifestyle requirements</u>, this form can be returned to the school directly to notify the catering department of your child's requirements. Allergen safe menus that cover the 14 legal allergens are available to all schools. Vegan and Halal menus are also available on request. Allergen safe menus are managed in accordance with our Allergy Policy. Parents may need a menu consultation with the catering team.

<u>For medical diet requests</u>, this form can be returned to the school who should forward it on to the operations manager. The Operations Manager & Catering 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							
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 or Intolerance	e Notification plea	ise indicate the a	allergy/ies your child	d CAN NOT consu	ime		
Please confirm if allergy or intolerance	Peanut	Milk	Crustacean	Soybean	Fish		
Allergy Intolerance							
Please indicate the foods the student CAN NOT HAVE :	Celery	Nuts	Sesame Seeds	Mustard	Lupin		
	Eggs	Molluscs	Gluten	Sulphites	*Other		
*Other – Please state (if the child has a dietary requirement outside of these 14, a bespoke menu may be required).							
Please provide details of the nature of the allergy/intolerance- ingestion/direct contact/in-direct contact							
Has the allergy or intolerance been medically diagnosed? (This must be provided confirmed for students with severe reaction / anaphylactic shock.)							
Do you require a menu consultati	on with the caterin	g team? – this m	aybe required for s	ome students			

Please provide details for dietary requirements based on lifestyle choices: • Halal • Vegan • Other (bespoke menu required, please provide details below) • Other (bespoke menu required, please provide details below) • IDDSI 7: Easy to chew • IDDSI 7: Easy to chew • IDDSI 5: Stince & moist • IDDSI 5: Vinced & moist • IDDSI 4: Pureed / extremely thick • IDDSI 3: Liquidised / moderately thick • IDDSI 3: Liquidised / moderately thick • IDDSI 4: Pureed / extremely thick • IDDSI 3: Unquicked / moderately thick • IDDSI 3: Unquicked / moderately thick • IDDSI 3: Unquicked / moderately thick • IDDSI 4: Pureed / extremely thick • IDDSI 3: Unquicked / moderately thick • IDDSI 4: Pureed / extremely thick • IDDSI 3: Unquicked / moderately thick • IDDSI 4: Pureed / extremely thick • IDDSI 4: Contact - phone number and endationship Contact - phone number and email address Other Informa	Lifestyle Request					
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 5: Minced & moist 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 (where necessary) Please provide details of any other medical dietary needs. Please attach evidence from a health professional (where necessary) Other Information (completed by the Caterer)	Please provide details for dietary requirements based on lifestyle choices:					
If the child requires a modified texture diet, please tick which texture/s is suitable: IDDSI 7: Easy to chew IDDSI 5: Soft & bite-sized IDDSI 5: Minced & moist IDDSI 5: Minced & moist IDDSI 3: Liquidised / moderately thick IDDSI 4: Pureed / endetatils IDDSI 4: Pureed / moderately thick IDDSI 5: Please complete below Any additional details: Please provide details of any other medical dietary needs. Please attach evidence from a health professional (where necessary) Please provide details of any other medical dietary needs. Please attach evidence from a health professional (where necessary) Please provide details of any other medical dietary needs. Please attach evidence from a health professional (where necessary) Please provide details of any other medical dietary needs. Please attach evidence from a health professional (where necessary) Other Information (completed by the Caterer)	Vegan					
IDDSI 7: Easy to chew IDDSI 5: Soft & bite-sized IDDSI 5: Minced & moist IDDSI 5: Minced / 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 (where necessary) Parent/Guardian Details Contact name and relationship Contact - phone number and email address Other Information (completed by the Caterer)						
IDDSI 6: Soft & bite-sized IDDSI 5: Minced & moist IDDSI 3: 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 (where necessary) Please provide details of any other medical dietary needs. Please attach evidence from a health professional (where necessary) Parent/Guardian Details Contact name and relationship Contact – phone number and email address Other Information (completed by the Caterer)	If the child requires a modified texture diet, please tick which texture/s is suitable:					
necessary) Parent/Guardian Details Contact name and relationship Contact – phone number and email address Other Information (completed by the Caterer)	 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:					
Parent/Guardian Details Contact name and relationship Contact – phone number and email address Other Information (completed by the Caterer)	Please provide details of any other medical dietary needs. Please attach evidence from a health professional (where					
Contact name and relationship Contact – phone number and email address Other Information (completed by the Caterer)	necessary)					
Contact – phone number and email address Other Information (completed by the Caterer)						
email address Other Information (completed by the Caterer)						
Has a photo been provided if If EpiPen/ medicine is needed, who is the						
required contact in school and is it kept on site?						

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 & cooked that contain allergens.

I confirm that the information supplied is correct and will notify of any changes to the school and caterer immediately. I consent to the caterer having a storing and photo of my child and also understand that this information will be shared with others and maybe displayed in the kitchen.

Name	Signed	Date
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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. 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						
Type of Menu Agreed						
AMBER & BLUE Student – Parent to order suitable meal from the menu following						
Any other relevant information						
Operations/Area Manager	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 - <u>dpo@support-services.com</u>