IF YOUR CHILD HAS ANY DIETARY NEEDS/ALLERGIES, PLEASE COMPLETE THIS FORM AND EMAIL BACK TO THE SCHOOL OFFICE (admin@stcross.herts.sch.uk)

THANK YOU.

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.

Student's Details					
School/Academy	**St Cross Catholic Primary School**			Male	Female
Student's Name					
Student's Class					
Diet required or allergy information *(please tick)*	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 Hives and chest pain when ingesting foods that contain sesame (in any form - seeds/oil/paste/tahini) and nuts					
Has the allergy or intolerance been medically diagnosed? (Please provide evidence) Yes. Doctor's letter and treatment plan already provided to school					
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 lifestyle choices: n/a

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

Parent/Guardian Acceptance		
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

Agreed Actions
RED Category Student Plated Meal provided Packed lunch provided by the parent/guardian Student going home Other
AMBER & BLUE Student - Please list suitable foods **Anything that does not contain sesame or nuts**
Any other relevant information

Operations/Area Manager	Signed	Date
Unit Manager Name	Signed	Date