Aramark

Dear Parent/Guardian/Carer

Aramark firmly believes in providing high quality food for your child to enjoy that is safe to eat. Special diets are an integral part of our catering provision, whether as a result of a food allergy or intolerance or an ethical or religious beliefs.

We are able to provide a meal for your child if they have any special dietary requirements. However, for us to do this we require you to complete and return the special diets form to the school as soon as possible.

If your child has a food allergy or intolerance resulting in a severe reaction/anaphylactic shock, we will be in contact to discuss a suitable menu. If this allergy or intolerance is to one of the known 14 EU allergens (celery, cereals containing gluten, crustaceans, egg, fish, lupin, milk, molluscs, mustard, peanuts, sesame, soybeans, sulphur dioxide, tree nuts.) then we are immediately able to provide a choice from our menu cycles.

If your child has multiple allergies or is allergic to other foods, such as tomatoes we request that you provide a packed lunch for them until we have met with you to agree a suitable menu.

For those children religious or ethical, we will ensure that we have a suitable choice on our menu cycles.

If you have any further questions or require assistance please contact us, via the school, where we will be happy to help.

Regards

The Catering Team

Aramark is committed to providing safe, wholesome meals for pupils with special diets with medical, religious, or cultural requirements.

For those pupils who have food allergies and intolerances, it is important that all forms are accompanied with a referral letter or other information from a medical professional (GP/consultant/dietician). We also request a copy of the pupils Allergy Action Plan

It is essential that all parties concerned work together. The Aramark Operations Team & Catering Manager may need to meet the pupil/ parents or guardian to discuss any specific dietary requirements. This form should be handed into the School/ College and discussed with them in the first instance.

Pupil Details					
Site:					
Pupil Name					
Course/Class					
Food Allergies & Intolerances Please tick all that apply	**Peanuts**	**Tree Nuts**	**Gluten**	**Eggs**	**Milk**
	Sesame Seeds	**Soya**	**Celery**	**Sulphites**	**Mustard**
	Molluscs	**Crustaceans**	**Fish**	**Lupin**	***Other**
	*Other – please state				
Please provide full details of the food allergy or intolerance					
Is the pupil able to consume ingredients with precautionary 'may contain' labelling?					
Is an EpiPen / Medicine required?					
If yes which member/s of staff is responsible for administering					
Has the food allergy or intolerance been medically diagnosed? (Please provide evidence)					
Religious and Special Diets Please tick all that apply	Halal	Kosher	Vegan	Vegetarian	
Please state any other food preferences					

Parent / Guardian Details	
1st Contact Name and relationship	
Phone Number	
Email address	
2nd Contact Name and relationship	
Phone Number	