

Special Dietary Requirements

At Edwards and Ward, school menus are designed to cater for the majority of the school population by offering a variety of foods in a range of dishes including vegetarian options. We do however, acknowledge that some pupils may have special dietary requirements and menus may need to be adapted to suit those needs. For the purpose of this document, the term “special diet” refers to any medically prescribed diet including food allergies.

Edwards and Ward school kitchens and recipes are free from tree nuts and peanuts. We would advise you to inform us if your child is allergic to nuts/ peanuts however, no menu adaptations will be necessary.

Dietary needs due to religious or personal beliefs or food preferences, e.g. veganism should not be recorded on this form. We cannot make menu adaptations for special diets other than those that have been medically prescribed.

The Process

The following information explains the process by which Edwards and Ward are able to cater for pupils with special dietary requirements. The process is primarily designed to safeguard children with medical conditions whilst supporting the catering staff involved in the preparation and service of the meal(s).

1. Please complete all relevant sections of the attached form fully and return with the supporting documentation from the child’s GP, dietician or paediatrician to the address provided.

In line with Allergy UK guidelines and advice from NHS, and the British Dietetic Association results from unregulated and medically unproven food allergy tests will not be accepted as evidence of food allergy –

Please note any form received without supporting evidence will not be processed.

2. On receipt of the completed form, our Special Diets team will work with the Company Nutritionist and will, where necessary, devise an adapted menu. The school catering manager will be provided with this menu and all the relevant information regarding your child’s special dietary requirements.

If your child’s special dietary requirements are particularly complex we may contact you for further information and guidance to ensure how we best meet their requirements.

You will be provided with a copy your child’s adapted menu for each menu change.

Special Diets Referral Form

| Child's Details | |
|-------------------------|----------------------------------|
| Name: | Date of Birth: |
| Address: | |
| Postcode: | |
| Parent/Guardian's Name: | Relationship to child: |
| Telephone Number: | Parent's/Guardian email address: |

| Special Dietary Requirements | |
|--|---------|
| Please provide details of your child's allergy/intolerance | |
| Tree Nuts | Peanuts |
| Milk | Egg |
| Gluten | Soya |
| Any other medical diets/food allergy: <i>(i.e. diabetic carbohydrate counting menu, PKU)</i> | |
| Vegetarian Diet (religious diets catered for with vegetarian option): | YES NO |
| Tick to confirm you have attached medical documentation relating to your child's medical dietary requirements: <i>Please see accompanying letter which details medical documentation we are able to accept - your request will not be processed without this evidence</i> | |
| School details | |
| Contract: <i>(i.e. County Area)</i> | |
| Name of School: | |
| School Address: | |
| Postcode: | |

| FOR OFFICE USE ONLY |
|----------------------------|
| Date form received: |
| Area Contract: |
| Contract Manager: |
| Date form sent to Manager: |

Return form along with photo & medical evidence to specialdiets@edwardsandward.co.uk

Please allow 3 weeks for this request to be processed.

Please note: for new pupils requiring meals starting in September – all information must be received by 21st July

Special Diets Photo Record Sheet

| | | | | | |
|--|---|------|-----|--------|------|
| Child's name: | Child's Photo Child's photo | | | | |
| Date of birth: | | | | | |
| School: | | | | | |
| Class/Year Group: | | | | | |
| Parent/Guardian's Name: | | | | | |
| (Name/Signature indicates approval to display child's photograph) | | | | | |
| Signature: | <i>Please note if you are using a mobile device you will need to sent photo as a separate attachment.</i> | | | | |
| Please provide details of your child's allergy/intolerance | | | | | |
| Tree Nuts | Peanuts | Milk | Egg | Gluten | Soya |
| Any other medical diets/food allergy: <i>(i.e. diabetic carbohydrate counting menu, PKU)</i> | | | | | |
| Vegetarian Diet (religious diets catered for with vegetarian option): | | YES | NO | | |
| In case of an emergency, please contact: | | | | | |
| School contact in case of an emergency: | | | | | |
| If an epipen is needed in case of an emergency, is it stored on school site? | | YES | NO | N/A | |

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Date form received:

Approved by :