



Alternative Menu Booklet

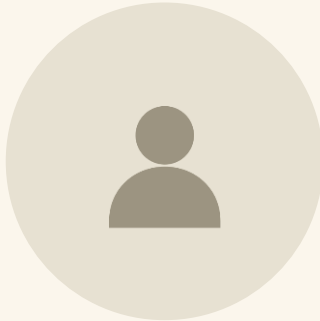
Allergy & lifestyle notification and medical diet request — a booklet for parents/carers to complete and return.

WHAT'S INSIDE

- 1 Meet your Allergy Champion
- 2 Student details
- 3 Allergy & lifestyle notification
- 4 Medical diet request
- 5 Parent / guardian declaration
- 6 Office & catering use only

RETURN THE COMPLETED BOOKLET TO

The school office or scan/email it to enquiries@gshs.org.uk



Steve Belton

Aspens Unit Manager & Allergy Champion

Steve is our dedicated point of contact for allergies, intolerances, lifestyle and medical dietary needs at George Stephenson High School — here to make sure every child eats safely and confidently.



Oversees allergy & medical diet plans across the kitchen



Happy to meet parents for a menu consultation



Works with our nutritionist on tailor-made requirements

WANT TO SPEAK TO STEVE?

Ask for him at the school office, email george.stephenson.high@aspens-services.com, or call 0191 216 5164.

Aspens and George Stephenson High School are committed to supporting every child with medical dietary requirements, allergies, intolerances and lifestyle needs.

1 · Allergy & lifestyle requests

Complete the allergy and lifestyle pages and return this booklet to the school to notify the catering team. Allergen-safe menus covering the 14 legal allergens are available at every school, and Halal and Vegan menus are available on request. You may be offered a menu consultation with the catering team.

2 · Medical diet requests

Complete the medical pages and return this booklet to the school, who will forward it to the Operations Manager. Please attach a referral letter or other information from a medical professional (GP, consultant or dietician) — this is essential for the request to be actioned. The Operations Manager and Catering Manager may wish to meet you to discuss your child's needs and will consult Aspens' nutritionist for bespoke requirements.

Diet requests fall into three categories — allergy/intolerance, lifestyle, and medical. Please complete whichever section(s) apply to your child on the following pages.

SECTION 1

Student details

School / Academy

Student's first name

Student's surname

Date of birth

Class / form

Pronoun

☐

He

☐

She

☐

They

PARENT / GUARDIAN DETAILS

Contact name

Relationship to student

Phone number

Email address

Allergy & intolerance

Please indicate the allergen(s) your child CANNOT consume.

☐ Allergy

☐ Intolerance

☐ Peanut

☐ Milk

☐ Crustacean

☐ Soybean

☐ Fish

☐ Celery

☐ Nuts

☐ Sesame Seeds

☐ Mustard

☐ Lupin

☐ Eggs

☐ Molluscs

☐ Gluten

☐ Sulphites

Other (please state) — if outside the 14 legal allergens, a bespoke menu may be required

Not sure which box to tick?

Tick every box that might apply — you don't need to be certain. Steve, our Champion, will follow up if he needs more detail (see page 2).

Allergy details

Nature of the allergy/intolerance (ingestion / direct contact / in-direct contact)

Has this been medically diagnosed? Required for severe reaction / anaphylactic shock

Do you require a menu consultation with the catering team?

Why the extra detail matters

The more detail you can give us here, the more precisely our kitchen team can plan safe meals for your child. If you're ever unsure what to include, leave a note and Steve will follow up with you before your child's first day back.

Lifestyle & medical

Lifestyle request

☐

Halal

☐

Vegan

☐

Other

Other lifestyle request — please give details (a bespoke menu may be required)

MEDICAL REQUEST — MODIFIED TEXTURE DIET

If your child requires a modified texture diet, please tick the suitable IDDSI level(s).

☐

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

Not sure which IDDSI level applies?

IDDSI levels are usually set by a speech and language therapist or dietician. If you're unsure which one fits, attach whatever guidance you have and our medical team will confirm the right level with you before it's actioned.

Medical details

Additional details for the modified texture diet

Details of any other medical dietary needs

Please attach evidence from a health professional (GP, consultant or dietician). Forms without supporting evidence cannot be actioned for medical diet requests.

Any other information we should know

Keeping this information safe

Everything you share here is used only by the staff directly involved in your child's care — catering, pastoral and first-aid staff — and is kept confidential in line with the school's usual data protection practices.

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, which may also be present in some ingredients from our suppliers due to production techniques.

I confirm that the information supplied is correct and will notify the school and caterer immediately of any changes. I understand that this information will be shared with others involved in my child's care and may be displayed in the kitchen.

Name**Date****Signed****RETURNING THIS BOOKLET**

Return the completed booklet to the school office — or scan/photograph it and email it to enquiries@gshs.org.uk. For medical diet requests, please attach your referral letter before returning.

Aspens uses a colour-coding system to identify student requirements. Based on the information supplied, please confirm which category applies.

RED
Severe reaction / anaphylactic shock, or choking risk

☐ RED

AMBER
Student has an intolerance

☐ AMBER

BLUE
Excludes foods by lifestyle choice

☐ BLUE

RED category student — if applicable

☐ Plated meal provided

☐ Packed lunch provided by parent/guardian

☐ Student going home

☐ Modified texture menu required

☐ Other

Type of menu agreed

AMBER & BLUE students — parent/guardian to order a suitable meal from the menu.

Any other relevant information

Has a photo been provided (if required)?

☐ Yes

☐ No

If EpiPen / medicine is needed — who is the contact in school, and is it kept on site?

Operations/Area Manager · signed

Date

Catering Manager · name

Catering Manager · signed

Date

ASPENS

**Your Diet.
Your Way.
Every Day.**

Thank you for taking the time to complete this booklet — it helps our kitchen team keep every child safe, included, and eating well at lunchtime.

QUESTIONS ABOUT THIS BOOKLET?

School office: enquiries@gshs.org.uk

Aspens Catering: george.stephenson.high@aspens-services.com

0191 216 5164
