



Food Allergy Medical Statement

Requiring special meals in the U.S. Department of Agriculture Child Nutrition Programs (National School Lunch Program, School Breakfast Program, After-School Snack Program, Summer Food Service Program)



Return this form to your child's school. This form must be filled out completely and submitted before any meal substitutions can be made for children who have allergies or other disabilities. A new form must be submitted each year, and any midyear changes require the submission of a new form signed by the child's physician.

Part 1 -- To be completed by parent/guardian. Please print

<input type="text"/>	<input type="text"/>	<input type="text"/>
Student ID	Student's First Name	Student's Last Name
<input type="text"/>	<input type="text"/>	
Student's Date of Birth	School	
<input type="text"/>		
Parent/ Guardian's Name		
<input type="text"/>	<input type="text"/>	<input type="text"/>
Work Phone	Cell Phone	Home Phone

Part 2 -- To be completed by licensed physician (physician's assistant or nurse practitioner). Please print.

▶ This student has a **life-threatening food allergy** to

peanuts tree nuts milk fish shellfish eggs soy wheat

Other

Do the allergy symptoms also occur when allergen is used as an ingredient in a product? YES NO

Example: If the student has an egg allergy in which egg patties trigger a reaction but baked products that contain eggs do not trigger a reaction, then the answer is no.

Diagnosis (describe the patient's disability, major life activity affected by the disability and approved substitution if any; if the student has a life-threatening allergy to milk, indicate whether the student should receive juice or water in place of milk):

List modifications of food texture or consistency that is necessary:

▶ This student has a non-life-threatening food allergy. YES NO

Does the allergy restrict the individual's diet? YES NO

▶ This student is lactose intolerant. YES NO May this student have lactose-free milk? YES NO

List foods to be omitted from diet and approved substitutions for those foods:

Note: The only substitution available for lactose intolerance is lactose-free milk

LHP's name _____ Office phone (_____) _____

LHP's signature _____ Date _____

LHP - Licensed Health provider - licensed physician, physician's assistant or nurse practitioner

This explains what to do if you believe you have been treated unfairly. "In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.