



FOOD ALLERGY MEDICAL STATEMENT

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

Student ID Student's First Name Student's Last Name
Student's Date of Birth School
Parent/ Guardian's Name
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

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