

Food Allergy/Food Modification Medical Statement

When completed fully, this form gives schools the information required by the U.S. Department of Agriculture (USDA), U.S. Office for Civil Rights (OCR), and U.S. Office of Special Education and Rehabilitative Services (OSERS) for meal modifications at school.



Return this form to your child's school. This form, **along with the Individualized Healthcare Plan**, 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	Email Address	
Work Phone	Cell Phone	Home Phone

Please note: CCPS Food & Nutrition Department may need to contact the referring LHP for clarification of information provided on this form, if needed

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

Check those that apply	<input type="checkbox"/>	Life Threatening Food Allergy	(Section A)
	<input type="checkbox"/>	Non-Life Threatening Food Allergy	(Section B)
	<input type="checkbox"/>	Lactose Intolerant	(Section C)
	<input type="checkbox"/>	Modification of Food Texture	(Section D) Please see back of Form

Section A- Life Threatening Allergies (please check all that apply)

<input type="radio"/> Peanuts	<input type="radio"/> Tree nuts	<input type="radio"/> Fish	<input type="radio"/> Shellfish
<input type="radio"/> Milk	This allergen can be consumed as an ingredient (i.e. baked in)	<input type="radio"/> Yes	<input type="radio"/> No
<input type="radio"/> Eggs	This allergen can be consumed as an ingredient (i.e. baked in)	<input type="radio"/> Yes	<input type="radio"/> No
<input type="radio"/> Soy	This allergen can be consumed as an ingredient (i.e. baked in)	<input type="radio"/> Yes	<input type="radio"/> No
<input type="radio"/> Wheat	This allergen can be consumed as an ingredient (i.e. baked in)	<input type="radio"/> Yes	<input type="radio"/> No
<input type="radio"/> Other- please specify			

If substitution is necessary for above allergy, please list the approved substitution (i.e. if the student has a life-threatening allergy to milk, indicate whether the student should receive juice or water in place of milk):

Section B- NON Life Threatening Allergies

This student has a **NON-life-threatening food allergy** that restricts the diet (please specify food)
List foods to be omitted from diet and list any **approved substitutions** for those foods:

Section C-Lactose Intolerant

This Student is **Lactose Intolerant**. Yes No May the student have lactose free milk? Yes No
Note: The only substitution available for lactose intolerance is lactose-free milk

LHP's name	Office phone ()
LHP's signature	Fax Number ()
	Date

LHP - Licensed Healthcare Provider - licensed physician, physician's assistant or nurse practitioner

This institution is an equal opportunity provider.

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Chesterfield County Public Schools ● Revised March 2017 ● mychesterfieldschools.com

Office Use Only

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Section C-Food Modification

Food Modification: List modifications of food texture or consistency that are necessary (describe the patient's disability, major life activity affected by the disability and **approved substitution/modification** if any)

Disability: _____

Major life Activity Effected : _____

Substitution: _____

Modification *Please check the appropriate texture modification*

- Pureed
- Machine Ground
- Other(specify) _____

If Thickened:

- Pudding Consistency (liquids are spoonable)
- Honey Consistency (liquids can be poured but very slowly)
- Nectar Consistency (tomato juice consistency)
- Other (please specify) _____

Please make sure LHP Signs the form on the front