

Part A: This section to be completed by Parent/Legal Guardian.

Student Last Name:	Student First Name:	Date of Birth:
		/ /

Meals Eaten at School. Please circle below

Breakfast Yes / No	Lunch Yes / No	Snack Yes / No	None Yes / No
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Parent/Guardian Name:	E-mail Address:	Phone Number:

Allowable requests that does **not** require completion of Part B

Is student lactose intolerant? Yes / No	Does the student require lactaid milk? Yes / No	Can the student eat cheese? Yes / No	Can the student eat yogurt? Yes / No
Does student have Cultural or Religious food preferences? Yes / No	Can the student eat pork? Yes / No	Can the student eat beef? Yes / No	Other:

Part B: This Section must be completed by a Health Care Provider (Physician, ARNP, PA).

Does the student have a disability, medical condition, or severe food allergy warranting a special diet? Yes / No

If Yes, specify disability: _____

Student Diagnosis or Condition:

Food Intolerance? Yes / No Please specify below	Food Allergy? Yes / No Please specify below	**Life Threatening Food Allergy? Yes / No Please specify below	Other: Please specify below

****Students with life threatening food allergies must have an emergency action plan in place at school.****Please circle whether the following are permitted in the child's diet while at School.**

Dairy			
Fluid Milk? Yes / No	Does the student need soy milk? Yes / No	Lactaid Milk? Yes / No	
Cheese and Items with cheese as an ingredient? Yes / No	Ice Cream? Yes / No	Yogurt? Yes / No	
Baked good with any dairy listed as an ingredient? Yes / No	Ranch Dressing? Yes / No		
Peanuts or Tree Nuts		Fish/Shellfish	
Peanuts? Yes / No	Tree Nuts? Yes / No	Fish? Yes / No	Shellfish? Yes / No
Egg		Corn	
Whole eggs such as scrambled or hard-boiled? Yes / No		Whole corn such as corn kernels, tortilla chips? Yes / No	
Baked goods with egg listed as an ingredient? Yes / No		Recipes with corn/corn products listed as an ingredient? Yes / No	
SOY		WHEAT/GLUTEN	
Soy Lecithin? Yes / No		Recipes with any wheat listed as an ingredient? Yes / No	
Soy Protein? (concentrate, hydrolyzed, isolate) Yes / No		Completely Gluten Free? Yes / No	
Recipes with any soy listed as an ingredient? Yes / No			
Texture Modification		Other: Please be specific	
Pureed? Yes / No	Chopped? Yes / No		

This form will be returned to the Parent/Legal Guardian and NO accommodations will be made if Part B is not filled out in its entirety.

Physician, PA, ARNP Signature	Date	Physician, PA, ARNP Printed Name

Parent/Legal Guardian: Please return completed form to school nurse.