

ALLEGANY COUNTY PUBLIC SCHOOLS

Food and Nutrition Services
FOOD ALLERGY AND SENSITIVITY FORM
Health Care Provider Statement

If your child has a documented food allergy or sensitivity, you must provide this form with a health care provider signed statement at the start of each school year. This form is only valid for the current school year.

HEALTH CARE PROVIDER AUTHORIZATION

<u>Name of School:</u>		<u>School Year:</u>
<u>Name of Student:</u>		<u>Grade:</u>
		<u>Date of Birth:</u>
<u>Student food allergy or sensitivity:</u>		
Does this food allergy or sensitivity require an EpiPen or antihistamine? Yes or No (Circle One)		
<u>Why allergy or sensitivity restricts the diet?</u>		
<u>Specific Food(s) to be omitted from diet:</u>		
<u>Suggested Food Substitutions:</u>		
<u>Health Care Provider's Name/Title: (Type or Print)</u>		<u>Health Care Provider Stamp</u>
<u>Telephone:</u>	<u>Fax:</u>	
<u>Address:</u>		
<u>Health Care Provider's Signature:</u>	<u>Date:</u>	

Please read and sign the back of this form!

PARENT/GUARDIAN AUTHORIZATION

Your signature below authorizes the appropriate dissemination of the above information to persons who may be in a position to assist your student.

Parent/Guardian Signature:

Date:

Printed Name:

Cell Phone:

Home Phone:

Email:

****The school food services is not required to provide food substitutions or modifications outside of the food items available by food services for children with medically certified special dietary needs who are unable to eat regular meals as prepared.***

Please return this form to the HEALTH ROOM upon completion.

03/10/15