

HEALTH SERVICES DEPARTMENT
And
FOOD SERVICES DEPARTMENT

Student: _____ Date: _____

Grade: _____ Teacher: _____

The United States Department of Agriculture requires all special dietary requests (such as milk allergies) be supported by a physician's statement that explains the food substitution being requested. The statement must be signed by a recognized medical authority - physicians, physician assistants, or advanced practice nurses. The medical statement must include:

- 1) An identification of the medical or other special dietary condition that restricts the child's diet.
- 2) The food or foods to be omitted from the child's diet and the food or choices of food to be substituted

This physician's statement must be filed with the school nurse and a copy provided to the campus cafeteria manager.

The above named child has been diagnosed with the following medical or other special dietary condition(s) that restricts this child's diet: _____

I recommend that this child be allowed special dietary considerations or food substitutions which may include: _____

For the purpose of LISD Food Services, this is considered a life-long food allergy: Yes No

Signature of physician/advanced practice nurse

Date

Business Address

City

Zip

Business Phone Number

Business Fax Number

Information may be faxed to the attention of the school nurse at: _____