OVEC

CS2 2.1b **Medical Statement for Participants with Special Dietary Needs/Food Allergy**

Participant Name:_____ Date of Birth:_____ Site Name:_____

Parent/Guardian Name:_____

Mailing Address:_____

Phone Number:_____ Email:_____

I consent to the exchange of information between the Healthcare Provider and District/Child Care, as needed.

Parent/Guardian Signature:_____ Date:_____

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

If "YES", specify disability below. If "NO", a special diet is not warranted. A disability is defined as a physical or mental impairment which substantially limits one or more of life activities.

Disability (specify):_____

Describe major life activities affected: ☐ Eating ☐ Learning ☐ Digestion ☐ Other (specify):_____

For the following diagnosis, the section below must be completed to identify which foods must be omitted:

☐ **Food Intolerance** ☐ **Food Allergy** ☐ **Life Threatening Food Allergy**

Please check all food(s) to omit from the child's meals while at school due to the above diagnosis or condition:

Dairy

- ☐ All food/beverages with milk listed as an ingredient including baked goods
- ☐ Cheese and recipes with cheese listed as an ingredient
- ☐ Yogurt
- ☐ Lactose Intolerance: Mark if student can eat:
  - ☐ Cheese ☐ Yogurt
- ☐ Fluid Milk
  - Substitute with: ☐ Lactose Free Milk ☐ Soy Milk

Substitutions:_____

Wheat/Gluten

- ☐ Recipes with wheat listed as an ingredient
- ☐ Recipes with Gluten (wheat, barley, rye, triticale) listed as an ingredient

Substitutions:_____

Corn

- ☐ Whole corn such as corn kernels, tortilla chips, corn muffin
- ☐ Recipes with corn listed as an ingredient (corn syrup, corn starch, etc.)

Substitutions:_____

Egg

- ☐ Whole eggs such as scrambled eggs or hard cooked eggs
- ☐ All food items with egg listed as an ingredient including baked goods

Substitutions:_____

Soy

☐ Recipes with any soy listed as an ingredient

Substitutions:_____

Peanuts/Tree Nuts

☐ Peanuts ☐ Tree Nuts

Substitutions:_____

Fish or Shellfish

☐ Fish or Shellfish

Substitutions:_____

Other allergies, specify if it is a cooked ingredient or fresh:_____

Do any of the above food allergies cause anaphylactic reactions? ☐ Yes ☐ No

Please provide any texture modifications:_____

NO accommodations will be made if this form is not filled out completely.

Medical Office Stamp:

Healthcare Provider Signature: (MD, APRN, PA, OD Only) Date:

Healthcare Provider Printed Name: Telephone Number