

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 major life activities.

Disability (specify) _____

Describe major life activities affected Eating Learning Digestion Other (Specify) _____

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

- 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: _____

Egg

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

Substitutions: _____

Peanuts/Tree

- Peanuts Tree Nuts

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: _____

Soy

- Recipes with any soy listed as an ingredient

Substitutions: _____

Fish or Shellfish

- Fish Shellfish

Substitutions: _____

Other

- Other, specify if it is a cooked ingredient or when consumed fresh _____

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

Please provide any food texture modifications (chopped, pureed, thickened liquids, etc.)

NO accommodations will be made if this section is not filled in its entirety

Healthcare Provider Information

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

Signature and Date input boxes

Healthcare Provider Printed Name:

Telephone Number

Name and Telephone Number input boxes

Medical Office Stamp:

Medical Office Stamp box