

HEALTH SERVICES REQUEST FORM – C

Special Diet / Food Intolerance / Allergy Action Plan

PART A: Participant, Parent/Guardian/School Contact Information *(completed by parent/guardian or school contact)*

Student Name:	Date of Birth:
School Name:	School Phone Number:
Parent/Guardian Name:	Parent/Guardian Phone Number:
Parent/Guardian Address:	Phone Number:
Parent/Guardian Email Address:	

By checking the box, I understand that it is my responsibility to submit a new form if medical changes occur. I have read, understand and acknowledge that Bishop O’Gorman Catholic Schools’ personnel have limited or no knowledge of administering health services, and it assumes no liability for administering health related services.

PART B: To Be Completed by Physician

Describe Condition of Concern and Appropriate Action to be Taken (if needed):

Food allergy with risk of anaphylaxis *(please describe):*

Acceptable Substitutions:

Foods/Liquids to Omit:

(please prescribe Epi-Pen for school use)

Food intolerance *(please describe):*

Acceptable Substitutions:

Foods/Liquids to Omit:

Does the condition of concern restrict the individual’s diet? Yes No

I certify that the above named child needs special meals prepared as described above because of the child’s condition of concern. Only a licensed health care professional may sign the special diet prescription. This includes Physicians, Certified Nurse Practitioner or Physicians Assistant.

Health Care Professional *(please print):*

Health Care Professional *(signature):*

Medical Facility:

Phone:



Student Name: _____ Allergen: _____

Nutritional Information - Limitations and Terms

Bishop O’Gorman Catholic Schools and its food service contractor, lunchtime solutions, Inc. (the contractor), are able to provide nutritional information to students, parents, faculty or staff of or school districts upon request. This information is limited, and is intended as a general guide to help individuals make choices for products and recipes that they choose from the menu. You may wish to utilize the services of a registered dietitian or healthcare provider if you are screening menus, recipes or individual products for a particular nutrient value, or for a food allergen. By requesting and receiving this information you agree that:

The contractor’s nutritional analysis is based on the information provided by their suppliers; food manufacturers and distributors. The information provided by these manufacturers and distributors is reviewed regularly by the contractor and is believed to be as current and as accurate as possible.

The contractor’s food service suppliers, both food manufacturers and or food service distributors, may change finished products or product ingredients without notice to their customers and food service operators. Those ingredient or product changes may significantly alter the nutritional values of recipes that we may serve. Variance in shop and kitchen conditions, as well as the use of substituted ingredients may affect the nutritional profile of the finished recipes.

Ingredients and food service finished product manufacturers routinely label products for allergens that are present. The information provided to you by the contractor is believed to be accurate based upon the supplier information at the time of the informational request. Because food suppliers to the contractor may change ingredients without notice, screening of products and or recipes for specific allergens including, but not limited to, peanuts, eggs, fish, shellfish, tree nuts such as walnuts and pecans, milk, wheat and soybeans, and their byproducts, may not be accurate.

Because of those variances outside of the control of Bishop O’Gorman Catholic Schools or its contractor, lunchtime solutions, Inc., neither Bishop O’Gorman Catholic Schools nor its contractor can guarantee nor shall be liable for the accuracy of nutritional information or allergen screening information that is provided.

The Bishop O’Gorman Catholic Schools does not warrant that the food served will be free of these allergens, as food suppliers of our contractor may change ingredients without notice. By signing this acknowledgement, you agree that you have read this agreement and that the information provided hereunder does not constitute a warranty that the nutritional information is completely accurate or that food served will be free of allergens.

I AGREE TO THE ABOVE LIMITATIONS OF THE INFORMATION PROVIDED TO ME BY BISHOP O’GORMAN CATHOLIC SCHOOLS.

Signature: _____ Date: _____

Print Name: _____