

## Cafeteria Food Allergies, Intolerances, or Special Diets:

Student Name:	Date of Birth:
Name of School:	Grade:

<b>Part A:</b>
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Does this child have special nutritional needs?	Yes	No
Does this child have food allergies and/or intolerances to food?	Yes	No
Does this child have a disability? If yes, describe the major life activities affected by the disability.	Yes	No

*If answered "yes" to any of the above questions, please proceed to Part B. Part B must be completed by a licensed physician or nurse practitioner.*

<b>Part B:</b>
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List any diet restrictions, specific nutritional needs, food consistency modifications, or special diet:						
List any allergies or food intolerances to avoid:						
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 75%; padding: 5px;">Are any of the above allergies considered life threatening? <i>(if yes, an Allergy Action Plan should be submitted to the school nurse)</i></td> <td style="width: 10%; text-align: center; padding: 5px;">Yes</td> <td style="width: 15%; text-align: center; padding: 5px;">No</td> </tr> <tr> <td style="padding: 5px;">Can the student consume foods where the allergen is an ingredient in the food product? <i>(For example: scrambled eggs are omitted but egg as an ingredient in a cupcake is allowed)</i></td> <td style="text-align: center; padding: 5px;">Yes</td> <td style="text-align: center; padding: 5px;">No</td> </tr> </table>	Are any of the above allergies considered life threatening? <i>(if yes, an Allergy Action Plan should be submitted to the school nurse)</i>	Yes	No	Can the student consume foods where the allergen is an ingredient in the food product? <i>(For example: scrambled eggs are omitted but egg as an ingredient in a cupcake is allowed)</i>	Yes	No
Are any of the above allergies considered life threatening? <i>(if yes, an Allergy Action Plan should be submitted to the school nurse)</i>	Yes	No				
Can the student consume foods where the allergen is an ingredient in the food product? <i>(For example: scrambled eggs are omitted but egg as an ingredient in a cupcake is allowed)</i>	Yes	No				
Explain:						
Notes:						

Physician Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Telephone: \_\_\_\_\_ Clinic Address: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_