Olentangy Local Schools
Food Allergy/Disability/Special Dietary Needs Form for Diet Modification or Substitution

The USDA School Meals Program requires that all questions be answered in order for any diet modification or substitution to be made in schools meals. Please complete and return to your school cafeteria.

Part A: General Information: To Be Completed by Parent/Guardian

Student Name: ___________________________________ Date of Birth: __________Student ID#___________
School: ____Grade: ___________________
Parent/Guardian: ____ Cell phone: ___________________
Address: ____ Home phone: _________________

Part B: Life Threatening Food Allergy Medical Professional Statement: To Be Completed by a Medical Professional (If there is no life threatening food allergy, skip this section and go to Part C)

I declare the student listed above to possess a Life Threatening Food Allergy. __________________________________
Medical Professional's name (printed)

1. Life threatening food allergy – circle all foods that must be omitted:
   Milk   Peanut   Tree Nut   Egg   Fish   Shellfish   Wheat   Soy
   Other life threatening food allergy, please specify____
2. Can the student consume foods where the allergen is an ingredient in the food product? ___YES ___NO
   (Example: scrambled eggs are omitted but egg as an ingredient in pancakes is allowed)
   Additional detail ____
3. Explanation of why this disability restricts diet: ____
4. Major life activity affected by the life threatening food allergy (check all that apply) :
   ___ eating   ____ caring for oneself   ____ performing manual tasks   ____walking
   ___ hearing   ____ speaking   ____ breathing   ____learning
   ___ seeing   ____ operation of major bodily function (immune system, bowl, digestive, brain, etc.)
   ___Other, specify _______________________________________
5. Foods to substitute:
   ____
   ____

Medical Professional's Signature: ____Date: _________________
Clinic/Facility Name & Address: ____ Telephone: _____________

Part C: Disability Medical Professional Statement: To be Completed by a Medical Professional
(If there is no disability, skip this section and go to Part D)

I declare the student listed above to possess a Disability. ____
Medical Professional's name (printed)

1. Circle all disabilities requiring meal modification:

Autism	Cancer/leukemia	Drug addiction/alcoholism
Cerebral palsy	Traumatic brain injury	Metabolic disease,
Epilepsy	Orthopedic impairment	specify_____________
Speech impairment	Intellectual Disability	Hemophilia
Visual impairment	Heart disease	Rheumatic fever
Hearing impairment	HIV	Nephritis
Muscular dystrophy	Tuberculosis	Specific learning
Multiple sclerosis	Emotional Disturbance	disabilities

Part C Continued:

2. Explanation of why this disability restricts diet: ____
3. Major life activity affected by the life threatening food allergy (check all that apply) :

___ eating ____ caring for oneself ____ performing manual tasks ____walking
___ hearing ____ speaking ____ breathing ____learning
___ seeing ____ operation of major bodily function (immune system, bowl, digestive, brain, etc.)
___Other, specify ____________________________________

4. Foods to omit:

____
____

5. Foods to substitute:

____
____

Medical Professional's Signature: ____Date: ________________
Clinic/Facility Name & Address: ____ Telephone: ___________

Part D: Other Medical or Special Dietary Needs Medical Professional Statement: To be Completed by a Medical Professional

I declare the child listed above to possess a medical or special dietary need. ______________________________
Medical Professional's name (printed)

1. Specify the medical or special dietary condition: ____
2. Foods to omit:

____
____

3. Foods to substitute:

____
____

Medical Professional's Signature: ____Date: ________________
Clinic/Facility Name & Address: ____Telephone: ___________

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(1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
(2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.