SYCAMORE COMMUNITY SCHOOLS
Our students. Our future.

Food Allergy Notification Form

Under Section 504 of the Rehabilitation Act and the ADA, a student with a life-threatening food allergy or disability requiring a special diet, and in accordance with USDA nondiscrimination regulations, the school will provide reasonable food and beverage substitutions for students when supported by a signed medical statement from a licensed healthcare professional. Sycamore district policy requires you to submit a **Food Allergy Notification Form.** This form must be signed by **both** a parent and a licensed medical professional, clearly stating the diagnosis and the necessary food substitutions. You only need to submit this form once unless your child's medical needs change. Please note that if your child also requires emergency medication, such as an EpiPen, you must fill out a separate **Medication Order Form** and return it to the school nurse.

Once the form is received, the school takes several steps to ensure your child's safety. Your child's meal account will be flagged with a digital alert that notifies the cafeteria cashier of their allergy during every transaction. Additionally, the information is shared with the school nurse and the nutrition department to coordinate safe meals. To keep the environment secure, all school staff receive annual training on food allergy awareness and emergency response.

If you have specific questions about menu substitutions or ingredients, please contact the Child Nutrition Department below.

Thank you!

Liz Helmbright, Child Nutrition & Wellness Director

Email: helmbrightl@sycamoreschools.org

Mikaela Stemen, Child Nutrition Field Supervisor

Email: stemenm@sycamoreschools.org

SYCAMORE COMMUNITY SCHOOLS
FOOD ALLERGY NOTIFICATION FORM

PART A - *To be completed by* ***Parent/Legal Guardian.***

STUDENT LAST NAME: STUDENT FIRST NAME:

STUDENT ID#: PARENT/GUARDIAN NAME:

PARENT GUARDIAN EMAL ADDRESS:

PHONE NUMBER:

PART B - *To be completed by a* ***Licensed Physician*** *or* ***Medical Authority.***

Complete this form whenever a student's food allergy or intolerance diagnosis ***changes.*** *Please indicate* ***ALL foods*** *that must be avoided to prevent a life-threatening reaction.*

An individual diagnosed with a life threatening food allergy or disability, as described under Section 504 of the Rehabilitation Act (1973) and the Americans with Disabilities Act as well of the USDA's *nondiscrimination policy*, can be described as a person who has a physical or mental impairment that substantially limits one or more major life activities that all reasonable requests for food and beverage substitutions will be made so the student can eat.

Does the child have a disability, as described above? Circle one: YES / NO

If YES, describe the major life activities affected by the disability: _____

FOOD ALLERGIES OR INTOLERANCES AFFECTING MAJOR LIFE ACTIVITIES

Please list the signs, symptoms, and severity of reactions the student has previously experienced (Ex: hives, wheezing, swelling, anaphylaxis, etc) _____

_____

DAIRY ALLERGY:

- ☐ Lactose intolerance
- ☐ Severe Allergy - please check all that apply
  - ☐ UNCOOKED dairy products only
    - ☐ Fluid Milk
    - ☐ Yogurt
    - ☐ Cheese
  - ☐ All Milk & Dairy Products (Includes all products containing milk as an ingredient. Ex: Chips, Breads, Cookies, etc.)
- ☐ Not applicable

Substitutions (Must be specific, ex: Substitute water for Milk):_____

EGG ALLERGY:

- ☐ Intolerance - please check all that apply
- ☐ Severe Allergy - please check all that apply
  - ☐ Whole Eggs only (Ex: boiled, scrambled, etc)
  - ☐ All Eggs and egg products (Includes all products containing egg as an ingredient. Ex. Breads, Muffins, etc.)
- ☐ Not applicable

NUT ALLERGY:

- ☐ Intolerance - please check all that apply
- ☐ Severe Allergy - please check all that apply
  - ☐ Peanuts (Ex: peanut butter & individualized peanuts)
  - ☐ Tree nuts (This includes cashews, pistachios, walnuts, almonds, pecans, etc.)
    - ☐ Please specify _____
  - ☐ Foods processed in the same factory as peanuts/tree nuts
- ☐ Not applicable

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SOY ALLERGY:

- ☐ Intolerance - please check all that apply
- ☐ Severe Allergy - Please check all that apply
  - ☐ Soy only (Ex: soy milk, soy yogurt, etc.)
  - ☐ Soy and ALL soy products (This includes cooked and denatured soy products. Ex: taco meat, chicken tenders, etc.)
  - ☐ Soy lecithin and soybean oil
- ☐ Not applicable

GLUTEN/WHEAT ALLERGY:

- ☐ Non-Celiac Gluten Sensitivity/ Gluten Intolerance - please check all that apply
- ☐ Celiac Disease - please check all that apply
- ☐ Severe Allergy - please check all that apply
  - ☐ Wheat only
  - ☐ All products containing wheat, spelt, kamut, farro, durum, bulgar, semolina, barley, triticale, oats & rye
  - ☐ Other _____
- ☐ Not applicable

Substitutions (Must be specific, avoid brands): _____

FISH/SHELLFISH ALLERGY:

- ☐ Severe Allergy - Please check all that apply
  - ☐ Finned Fish:
    - ☐ Whole Fish (Includes pollock, salmon, tuna, halibut, etc)
    - ☐ Fish Oils, gelatins, sauces, etc.
  - ☐ Shellfish:
    - ☐ Crustacea (Includes shrimp, crab, and lobster)
    - ☐ Mollusks (Includes clams, mussels, oysters, and scallops)
- ☐ Not applicable

SESAME ALLERGY:

- ☐ Intolerance
- ☐ Severe Allergy
- ☐ Not Applicable

OTHER ALLERGIES, INTOLERANCES, OR SPECIAL DIETS - (Please be specific):_____

_____

_____

***** FORM CANNOT BE PROCESSED UNLESS IT IS SIGNED BY A PARENT/GUARDIAN AND A PHYSICIAN/MEDICAL AUTHORITY*****

Parent/Guardian Name:	**Phone #:**
Parent/Guardian Signature:	**Date:**
Physician/Medical Authority Name:	**Phone #:**
Physician/Medical Authority Signature:	**Date:**

- OFFICE USE ONLY -

Nurse Signature: Date:	Child Nutrition Signature: Date: