WFPS MEDICAL STATEMENT FOR SPECIAL DIETARY NEEDS

FOR STUDENTS WITH ALLERGIES, CHRONIC ILLNESS, OR DISABILITY
WHO REQUIRES SPECIAL DIETARY ACCOMMODATIONS

Student Name: _____ Birth Date: _____

Parent/Guardian Name:_____

Parent/Guardian Signature: _____ Date: _____

Phone Number: _____ Email Address: _____

To Be Completed by a Licensed Healthcare Professional

(*Physician, Physician Assistant, Nurse Practitioner, or Registered Dietitian*)

1. Does the child have a disability? ☐ Yes *(Describe below)* ☐ No
   - If yes, describe the disability and how it restricts the student's diet. Briefly explain how exposure to this food/beverage affects the participant:

     _____

2. Does the child have a food allergy or intolerance? ☐ Yes *(See below)* ☐ No
   - If yes, is the allergy severe or life-threatening (anaphylactic)? ☐ Yes ☐ No

3. Foods to be omitted: *(Check all that apply)*
   ☐ Wheat/Gluten ☐ Soy ☐ Peanut ☐ Tree Nuts
   ☐ Fish ☐ Shellfish ☐ Sesame
   ☐ Egg *(check all that apply below)*
   - ☐ Omit whole eggs (such as scrambled, hard-boiled)
   - ☐ Omit all egg-containing foods (including baked goods such as muffins)

   ☐ Milk/Dairy *(check all that apply below)*
   - ☐ Omit fluid milk
   - ☐ Omit yogurt
   - ☐ Omit cheese and all cheese-containing products
   - ☐ Omit all dairy (including baked goods with milk ingredients)

   ☐ Other Allergy (please specify): _____
   ☐ Lactose Intolerance only. This does not result in dairy-free or milk-free meals
   (lactose-reduced milk or soy milk will be made available)

4. Appropriate Substitutions _____

5. Texture Modification Required ☐ Yes *(Describe below)* ☐ No
   - If yes, describe required texture: _____

Healthcare Provider Information:

Printed Name: _____
Credentials: ☐ Physician ☐ Physician Assistant ☐ Nurse Practitioner ☐ Registered Dietitian

Signature: _____Date Signed:_____

Medical Office Name: _____

Address: _____Phone Number:_____

Completed forms should be returned to the school office.

For office use only: ☐ Date received _____ ☐ Copy sent to school kitchen ☐ Copy sent to Food Service Director

Disclaimer: WFPS does not operate certified gluten-free facilities. All menu items may be prepared on shared equipment and may come into contact with common allergens. This institution is an equal opportunity provider.