Healthcare Provider Statement For Food Substitution

This form must be completed if a parent/student is requesting menu substitutions be made in the lunch room for a student's food allergy or intolerance.

Does your child eat school meals? ☐ YES ☐ NO

Dear Parent/Guardian:

Your child's school participates in a federally-funded School-Based Child Nutrition Program that requires CPS to offer meals and/or milk to students. However, when a disability (for example, a food allergy) or special dietary need or restriction documented by a healthcare provider exists, reasonable menu accommodations must be made.

Please provide your contact information and ask your child's healthcare provider to complete this form. **Please return the completed form to your child's School Nurse along with a Food Allergy Action Plan** (found at **cps.edu/OSHW**). Contact **food@cps.edu** with any additional questions.

please print or type:

STUDENT LAST NAME	STUDENT FIRST NAME	STUDENT MIDDLE NAME

PARENT/GUARDIAN NAME	PARENT/GUARDIAN EMAIL

PARENT/GUARDIAN PHONE	SCHOOL NAME

SCHOOL ADDRESS	CITY	STATE	ZIP

Healthcare providers' note:

Food allergies are a "disability" under the Americans with Disabilities Act. If the child has a food allergy, please check "Yes" for question 1 below.

1. DOES CHILD HAVE A DISABILITY THAT REQUIRES FOOD ACCOMMODATION? ☐ NO If NO, go to item 2 to the right. ☐ YES If YES, provide the below information and complete items 3, 4, and 5 to the right.	**2. CHILD HAS NO DISABILITY, BUT REQUIRES A SPECIAL DIET. IDENTIFY THE MEDICAL PROBLEM THAT WARRANTS THE CHILD'S SPECIAL DIET AND COMPLETE ITEM 3, 4, & 5 BELOW.**
a) What is the disability?	**3. LIST SPECIFIC FOODS TO BE OMITTED:**
b) What major life activity is affected?	**4. LIST SPECIFIC ACCEPTABLE FOOD SUBSTITUTIONS. PLEASE ATTACH A MENU IF APPLICABLE:**
c) What does the disability mean for the child's diet?	**5. SIGNATURE OF HEALTH CARE PROVIDER.** **DATE**

SCHOOL USE ONLY: Please give a copy of this form to the school nurse and the lunchroom manager. Also scan and email the form to food@cps.edu.

School Nurse Signature	Date reviewed	Date scanned to food@cps.edu

Must have an original signature; an electronic signature is not acceptable

MAINTAIN FORM IN THE STUDENT CUMULATIVE FOLDER