



Healthcare Provider Statement For Food Substitution



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

Does your child eat school meals? YES NO

Parent/Guardian: Return this form to your School Nurse.

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:

CHILD LAST NAME		CHILD FIRST NAME		CHILD 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? <input type="checkbox"/> NO If NO, go to item 2 to the right. <input type="checkbox"/> 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 scan and email this form to food@cps.edu

School Nurse Signature _____

Date reviewed _____

Date scanned to food@cps.edu _____