CAFETERIA – COMPLETE ONLY IF YOUR CHILD NEEDS DIET MODIFICATION IN CAFETERIA

The U.S. Department of Agriculture School Meals Program requires that ALL QUESTIONS BE ANSWERED in order for ANY diet modification or substitution to be made in school meals.

Parent/Guardian Name_____ Student Name_____
School Name_____ Date of Birth_____

STUDENTS WITH LIFE THREATENING FOOD ALLERGIES ONLY MUST HAVE THIS SECTION COMPLETED BY A PHYSICIAN

PHYSICIAN'S STATEMENT Date _____

I declare the child listed above to possess a LIFE THREATENING FOOD ALLERGY. _____
Physician's Name (please PRINT)

1. Life threatening food allergy – Circle all foods that must be omitted:

milk peanuts tree nuts eggs fish shellfish wheat soy gluten other
life threatening food allergy, 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)

Explain:

3. Foods to Substitute ***(NOTE: WCS cannot honor this document unless SPECIFIC SUBSTITUTIONS are listed below or physician refers patient to registered dietitian who specifies menu items.)***

_____ _____
Physician's Signature Date

_____ _____
Telephone Clinic/Facility and Address

_____ _____
Parent's Signature Telephone

Additional Notes: