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

CHILD'S NAME:	DATE:

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:

_____ **Parent/Guardian Name**

_____ School Name

_____ **Parent/Guardian Phone Number**

_____ Address (Street)

_____ **Parent/Guardian Email**

_____ Address (City, State, Zip Code)

*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.*

PHYSICIAN STATEMENT

1. Does child have a disability that requires food accommodation?
   - ☐ No If **no**, go to item 2 below.
   - ☐ Yes If **yes**, provide the follow information and complete items 3, 4, and 5

   a) What is the disability? _____

   b) What major life activity is affected? _____

   c) What does the disability mean for the child's diet? _____

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.

3. List **specific** foods to be omitted:

4. List **specific** acceptable food substitutions. Please attach a menu if applicable:

5. _____ **Signature of Health Care Provider** _____ **Date**

Parent/Guardian: Return this form to your School Nurse

FOR SCHOOL USE ONLY: Please scan and email this form to food@cps.edu.

School Nurse Signature: _____

Date reviewed: _____

Date scanned to food@cps.edu: _____