



# 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](https://cps.edu/OSHW)). Contact [food@cps.edu](mailto: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?

☐ 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 scan and email this form to [food@cps.edu](mailto:food@cps.edu)

School Nurse Signature

Date reviewed

Date scanned to [food@cps.edu](mailto:food@cps.edu)