



This form must be completed if a parent/student is requesting menu substitutions be made in the lunchroom for a student's medical need (i.e. food allergy, intolerance, or other physical or mental impairment).

Under the Americans with Disabilities Act, a student with food allergies may be considered to have a physical or mental impairment that substantially limits one or more major life activities.

Chicago Public Schools (CPS) participates in federal Child Nutrition Programs that offer meals and milk to students. If a special dietary need is documented by a healthcare provider, reasonable meal modifications must be made. Ask your child's healthcare provider to complete this form and return to your child's School Nurse with a Food Allergy Action Plan (cps.edu/healthforms).

DOES YOUR CHILD EAT OR PLAN TO EAT SCHOOL MEALS? YES NO

lease print or type:						
CHOOL NAME		SCHOOL ADDRESS				
STUDENT LAST NAME		STUDENT FIRST NAME			STUDENT MIDDLE NAM	
TUDENT BIRTH DATE	PARENT/GUARDIAN NAME	PAREN	T/GUARDIAN EMAIL	PARE	NT/GUARDIAN PHONE	
he section must l	be completed by a State Licen	nsed Healthcar	e Professional (who is	authorized to write r	nedical perscriptio	
. DESCRIBE THE CHILI	D'S PHYSICAL OR MENTAL IMPAIRMEN	NT AND HOW IT RE	STRICTS THEIR DIET AND/OR	ACCESS TO MEAL PROG	RAMS.	
	D ITEMS AND/OR INGREDIENTS THAT		D? YES NO			
YES, please list the foo	od items and/or ingredients to be avoid	led.				
LIST ALTERNATIVES T	HAT MAY BE PROVIDED FOR ANY ITEM		SABOVE.			
LIST ANY ADDITIONAL	MODIFICATIONS AND/OR SERVICES N		IMODATE THE CHILD'S IMPAI	RMENT OR DISABILITY DI	JRING MEALTIMES.	
SIGNATURE OF HEALT	HCARE PROFESSIONAL	D4				
SCHOOL USE ON A copy of this for	ILY: m must be shared with the scho	ool nurse and en	nailed to food@cps.edu v	vith a school nurse's	signature.	
School Nurse Name and	Email					
School Nurse Signature			Date reviewed	Date scan	ed to food@cps.edu	
ust have an original signatu	re. An electronic signature is not acceptable.			THIS INSTITUTION IS A	N EQUAL OPPORTUNITY P	
ONTACT FOOD@CPS.EDU \	WITH QUESTIONS		25		HE STUDENT CUMULATIVE	