



# 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:
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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](http://cps.edu/OSHW)). Contact [food@cps.edu](mailto:food@cps.edu) with any additional questions:

_____	_____
<b>Parent/Guardian Name</b>	School Name
_____	_____
<b>Parent/Guardian Phone Number</b>	Address (Street)
_____	_____
<b>Parent/Guardian Email</b>	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.*

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### PHYSICIAN STATEMENT

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- 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? \_\_\_\_\_
- 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.
- List **specific** foods to be omitted:
- 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](mailto:food@cps.edu).

School Nurse Signature: \_\_\_\_\_

Date reviewed: \_\_\_\_\_

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