



Student Name _____

Grade _____ Teacher _____

Dear Parent/Guardian(s):

Your child s' emergency card lists the following allergies:

- Food (please specify) _____
- Bee/Insect
- Environmental (please specify) _____
- Animal (please specify) _____
- Shellfish
- Peanuts
- Dairy/Lactose
- Latex
- Other (please specify) _____

Please have a Physician complete and then return the attached Physician Authorization/Prescription for Special Diet/Meals at School to your students School Nurse. You may fax, mail, send or bring this form to school.

Our fax number is _____.

Thank you for your prompt attention to this important matter.

Sincerely,

School Nurse

Date



Physician Authorization Letter
Prescription For Special Diet/Meals At School

The U.S. Department of Agriculture's (USDA) nondiscrimination regulation (7 CFR 15b), as well as the regulations governing the National School Lunch Program and School Breakfast Program, make it clear that substitutions to the regular meal must be made for children who are unable to eat school meals because of their disabilities, when that need is certified by a licensed physician. However, when possible, we will try to make substitutions for medically certified dietary needs, even if it does not qualify as a disability. After this form is returned to the student's school nurse, a special dietary note will be placed in the student's meal account. One form per student must be completed, as needed, for each school year.

Physician to Complete Sections A, B, C, & D

Name of Student _____ Date of Birth _____
School Name _____

Section A

Does the student have a disability? Yes _____ No _____ (If No, Please complete section B)
If yes, describe the major life activities affected by the disability.

If yes, does the student have special nutritional or feeding needs? Yes _____ No _____
If yes, complete Section C and Section D.

Section B

If the student does NOT have a disability, does he/she have special nutritional or feeding needs? Yes _____ No _____
If yes, complete Section C and Section D.

Section C

Provide the diet prescription:

List any allergies or food intolerances to avoid.

Indicate Texture Modification request.

None Chopped Ground Pureed Liquid Tube Feed

Food to be omitted and substitutions (If applicable)
Please list specific food to be omitted and suggested substitutions – use extra pages if needed.

Food/Beverage to be Omitted	Suggested Substitution
_____	_____
_____	_____

Section D

I certify that the above-named student needs special school food as described above.

Physician s' signature _____ Date _____

Parent s' signature _____ Date _____

School Nurse signature _____ Date received _____

Cafeteria Manager s' signature _____ Date received _____



Date _____

Dear Parent/Guardian(s):

This letter is to inform you that a student in your child’s classroom has a severe peanut/nut allergy. Strict avoidance of peanut/nut products is the only way to prevent a life-threatening allergic reaction. We are asking your assistance in providing the student with a safe learning environment.

To reduce the risk of exposure, the classroom will need to be peanut/nut free. Please do not send any products containing peanuts or nuts for your child to eat during snack time in the classroom. Any exposure to peanuts or nuts through contact or ingestion can cause a severe reaction. If your child has eaten peanuts or nuts prior to coming to school, please be sure your child’s hands have been thoroughly washed prior to entering school. Below you will find a list of foods containing peanuts or peanut oil. Since lunch is eaten in the cafeteria, your child may bring peanut butter, peanut or nut products for lunch. This plan will help to maintain safety in the classroom while allowing non-allergic classmates to enjoy peanut/nut product in a controlled environment. We appreciate your support of these procedures. Please complete and return this form so that we are certain that every family has received this information. If you have any questions, please contact me.

Sincerely,

Principal

Parent Signature

Student Name

Foods Containing Peanuts or Peanut Oil

Please read all food labels carefully, this list is NOT all-inclusive.

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| <ul style="list-style-type: none"> † “Mike-Sells” potato chips (baked in pure peanut oil) † Ritz cheese Cracker snacks † Ritz S’mores Cracker snacks † Individually wrapped cheese/crackers † White Cheddar Cheese Popcorn † Caramel popcorn † Chex Mix † Honey Nut Cheerios † Cereals with nuts † Plain M&M’s † Most Keebler cookie products † Frosted animal crackers/cookies † Pre-made or store bought bakery cookies/muffins/cakes | <ul style="list-style-type: none"> † Nestle products (cookies, pre-made slice and bake cookie dough) † Most store-bought ice-cream (some vanilla & chocolate O.K., read labels) † Sunflower seeds † Egg rolls † Jellybeans (most) † Novelty foods: crackers, cookies, (i.e., Nemo, Dora, Spiderman, etc.) † Granola bars † Entenmann’s Bakery foods † Most chocolates † Most individually packed snacks, cookies † Dried mixed fruit snacks (usually trace peanuts) | <ul style="list-style-type: none"> † Chip Ahoy cookies with frosting fillings <p>Watch for these ingredients:</p> <ul style="list-style-type: none"> † Peanuts † Peanut protein † Peanut flour † Trace of peanut(s) or peanut oil † Tree nuts † Arachis oil (oil extracted from peanuts) † Mandelonas (peanuts soaked in almond flavoring) |
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