

BROWNSBURG COMMUNITY SCHOOL CORPORATION

Annual Dietary Restriction and Food Substitution

This form must be completed by the student's parent or guardian and physician to confirm the presence of a food allergy or dietary restriction in order to provide the appropriate food substitution by the Food Services staff. If changes occur or the substitution is no longer required, a written statement from the physician must be sent to the school. This information will be applicable for the current school year or if there is a change in the student's condition and the substitution is no longer needed. *If your student requires medication for a food allergy or intolerance, please contact your school nurse.* Please contact the Food Services Supervisor or your child's School Nurse for any questions or concerns.

STUDENT NAME: _____ DOB: _____

SCHOOL: _____ SCHOOL YEAR: _____

Physician's *diagnosis and/or food substitution* order:

Please check box indicating food item to be restricted. Please list any exceptions to the food restriction beside the food item listed below. Example: (student may not have milk in a carton, but may have milk products in other foods such as a muffin).

Dairy: _____

If a milk intolerance or allergy, may the student have milk in other products that have milk listed as an ingredient?

YES NO (circle one) if yes, please explain: _____

Eggs: _____

If the student has an egg intolerance or allergy, may the student have eggs in other products that have egg listed as an ingredient?

YES NO (circle one) if yes, please explain: _____

Peanuts: _____

Soy: _____

Wheat: _____

Tree nuts: _____

Fish: _____

Other: _____

DATE

(Physician's Signature) *required*

(Physician's printed name) *required*

I (we) hereby give designated school personnel permission to give the above food substitutions, the authority to administer the above and will notify the school in writing if there is any change in the student's condition or the substitution is no longer required.

(Signature of Parent or Guardian)

(Relationship to Student)

(Date) _____