FOOD and NUTRITION SERVICES REQUEST FORM

Date Received by FNS/Initial:_____

For Special Nutritional and Medical Needs

READ CAREFULLY: *ONLY COMPLETE THIS FORM IF YOUR CHILD HAS SPECIAL DIETARY NEEDS*

INSTRUCTIONS FOR COMPLETING FORM:

PART A: Parent to complete for child with lactose intolerance, religious or food preferences

PART B: To be completed by physician **ONLY** if you are requesting changes to your child's diet due to food allergies or a medical condition

Return completed form to school front office or cafe manager.

Please contact district dietitian if you have questions about completing this form: 321-633-1000 x 11690

PART A - Parent/Guardian to complete

School Name:

Student Name:	Student Date of Birth:
Parent/Guardian Name and Email Address:	Telephone Number:

Parent Request:

_____ Lactose Intolerance- my child cannot drink/eat: ___milk ___cheese ___yogurt ___ice cream

_____ Religious/Personal Preferences -my child cannot eat: _____

_____ Medical Condition/Allergy **(PHYSICIAN NEEDS TO COMPLETE PART B)**

Parent/Guardian Signature: X_____ Date: _____

(I consent to the exchange of information between physician and school; check if you **do not** consent _____)

PART B- Completed and signed ***BY PHYSICIAN ONLY*** - food allergy/medical condition

Please check all the foods that need to be **ELIMINATED** from child's diet during the school day:

DAIRY

_____ Fluid Milk (Substitute w/Soymilk: **Y___** or **N___**)

_____ Cheese _____ Cheese cooked in a meal (Baked Ziti)

_____ Yogurt _____ Ice Cream

_____ Baked goods that contain dairy (rolls)

EGG

_____ Whole eggs

_____ Baked goods that contain eggs

WHEAT/ GLUTEN

_____ Recipes with any gluten containing grain

FISH OR SHELLFISH

_____ Fish _____ Shellfish

PEANUTS OR TREE NUTS

_____ Peanuts

_____ Tree Nuts

CORN

_____ Whole corn (taco shells, tortilla chips)

_____ Recipes w/corn products such as modified corn starch, corn syrup, etc.

SOY

_____ Soy lecithin

_____ Soy protein (concentrate, hydrolyzed, isolate)

_____ Recipes w/any soy listed as ingredient

OTHER - please specify:

LICENSED PHYSICIAN'S INFORMATION

X_____

Medical Authority Signature

_____

Medical Authority Printed Name/Date

Medical Office Stamp (Please include phone number)

Allergen information can be found at: https://www.brevardschools.org/Page/3472