

Aldine Independent School District Child Nutrition Services

PHYSICIAN REQUEST FOR SPECIAL DIETARY ACCOMMODATIONS

ALL FOOD ALLERGY ACCOMODATIONS MUST BE ACCOMPANIED BY A COMPLETED FOOD ALLERGY ACTION PLAN AND MEDICATION MUST BE BROUGHT TO THE SCHOOL NURSE IN THE ORIGINAL CONTAINERS BY A PARENT OR GUARDIAN.

Please print clearly

Student's Name: _____		School: _____
Student ID #: _____		Date of Birth: _____
Medical Condition: _____		
Foods to be omitted (<i>check all that apply</i>)		
Milk _____	All dairy products _____	
All foods containing milk protein (casein, whey, lactose, etc.) _____		
Wheat _____	Corn _____	Seafood _____
Peanuts _____	All Nuts _____	Gluten _____
Eggs _____	All Egg Protein (albumin, etc.) _____	
All products "produced in a facility that also produces nut-containing products" _____		
_____ Other (<i>please be specific</i>) _____		
Foods to be substituted (<i>if required</i>) _____ _____		

Physician's Signature

Date

Print Physician's Name

Telephone Number (area code)

Date request received by Child Nutrition Services: _____

It is recommended that physician requests be renewed at the beginning of each school year.
Any change of treatment must be requested in writing by the physician.

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