

PHYSICIAN REQUEST FOR SPECIAL DIETARY OR ALLERGY ACCOMMODATIONS
Catholic Schools Office
Archdiocese of Galveston-Houston

To be completed by the Parent/Guardian

STUDENT NAME: _____ DOB: _____ AGE: _____

SCHOOL: _____ GRADE: _____ STUDENT CAFÉ ID#: _____

Which meals will the child eat at school? (Please check) Breakfast Lunch After School Snack

Does the child have a disability? (Please check) Yes No

If yes, please describe accommodations required in a lunch area/lunch line: _____

Does the child have a life-threatening food allergy? (Please check) Yes No

If yes, please list all food and life-threatening food allergies: _____

Any dietary needs or restrictions? (Please check) Yes No

Please list all dietary needs: _____

Please list all dietary restrictions: _____

I give Health Services/Nutrition services permission to speak with the physician below to discuss dietary needs described below.

Parent/Guardian Signature: _____ Date: _____

To be completed by the Physician

FOODS TO AVOID:

- | | | |
|-------------------------------------|--|--|
| <input type="checkbox"/> Fluid milk | <input type="checkbox"/> All dairy products | <input type="checkbox"/> All milk protein (casein, whey, etc.) |
| <input type="checkbox"/> Wheat | <input type="checkbox"/> Gluten | <input type="checkbox"/> Eggs |
| <input type="checkbox"/> Seafood | <input type="checkbox"/> Soy protein | <input type="checkbox"/> All egg protein (albumin, etc.) |
| <input type="checkbox"/> Peanuts | <input type="checkbox"/> Corn | <input type="checkbox"/> All corn additives (dextrin, caramel color, etc.) |
| <input type="checkbox"/> All nuts | <input type="checkbox"/> All foods produced in a facility with nut containing products | |

Other: _____

FOODS TO BE SUBSTITUTED: _____

TEXTURE MODIFICATION: Soft Minced Pureed Other: (specify): _____

Physician signature _____ Print _____ Phone _____ Date _____

Send completed forms to school for Child Nutrition Services Department.

Physician requests must be renewed each school year. Any changes must be requested in writing by the physician. To ensure the request is processed prior to the first day of school, submit the request no later than one month prior to the first day of school.