



Maud Independent School District

FOOD SUBSTITUTION FORM

*The United States Department of Agriculture Regulations require substitutions or modifications in school meals for children whose disabilities restrict their diets. If a physician determines that a child's food allergies may result in severe, life-threatening (anaphylactic) reactions, then the child's condition will meet the definition of a disability, and the prescribed substitutions must be made by the district. In order to do so, the school nutrition program must receive a signed statement by the physician containing the following information.

To be complete by the Parent/Legal Guardian:

Student Name: _____ Date of Birth: _____ Grade: _____

Parent/Guardian Name: _____ Parent/Guardian Phone: _____

I give Health Services/Nutrition Services permission to speak with the below named Physician or Authorized Medical Authority to discuss the dietary needs described below. I understand that if my child's medical or health needs change, it is my responsibility to provide documentation from my child's physician to the School Nurse and Nutrition Services Director.

My child will NOT be eating school prepared meals. My child WILL be eating school prepared meals.

Parent/Guardian Signature: _____ Date: _____

To be completed by a Licensed Physician or Prescribing Medical Authority:

Peanut Allergy Tree Nut Allergy

Dairy Allergy (specify): Fluid Milk Only Cheese Yogurt All Dairy including in baked goods

Safe Substitutes for Fluid Milk: Water Apple or Orange Juice

Safe Substitutes for other Dairy products: Deli turkey or ham Hamburger patty (no bun) Hotdog (no bun)

Other _____

Fish Allergy

Safe Substitutes: Hamburger patty (with bun) Chicken Nuggets Chicken Sandwich Cheese Sandwich

Other _____

Wheat/Gluten Allergy

Safe Substitutes: Oatmeal Plain Vegetables Chef Salad with cheese & egg Cereal (wheat/gluten free)

Grilled or Fajita Chicken Salad Other _____

Soy Allergy (most of our foods contain soy or soy oil)

Safe Substitutes: Hamburger patty Turkey Hotdog Fruit Yogurt Cheese Slices String Cheese

Plain vegetables Other _____

Egg Allergy (specify): Whole plain eggs (ex. Scrambled eggs) No eggs in baked goods

Safe Substitutes: Sausage Patty Hamburger patty (with bun) Hotdog (with bun) Cheese sandwich

Other _____

Additional Foods to Omit: _____

Additional Foods to Substitute: **Some substitutions may not be available or allowed. Substitutions must be products commonly available in a school cafeteria.*

Student Disability: _____

Major Life Activity affected by the Disability: _____

I certify that the above-named student needs to be offered food substitution as described above because of the student's disability and/or life-threatening food allergy.

Printed Name of Licensed Physician/Prescribing Medical Authority: _____ Date: _____

Signature of Physician/Prescribing Medical Authority: _____

Phone: _____ Fax: _____