[](http://www.stjohns.k12.fl.us/)

|  |  |
| --- | --- |
| **HEALTH SERVICES** | **FOOD ALLERGIES AND INTOLERANCES** |

School Year\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Accommodations can be made for children who are unable to eat prepared meals because of a disability. The accommodation may range from substitutions to texture modifications.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Student’s Name: |  | | DOB: |  | | Grade: |  |
| Child’s Disability: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  How the disability affects the child’s diet and how their life activity is affected: | | | | |  | | | |
|  | |  | | | | | | |
|  | |  | | | | | | |

|  |  |
| --- | --- |
| **Foods to be omitted** | **Choice of foods that must be substituted** |
|  |  |
|  |  |
|  |  |

|  |  |
| --- | --- |
| **Physician’s Signature (required)** |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Additionally, substitutions for students who do not meet the definition of a disability under the federal law but are medically certified as having a special medical or dietary need: intolerances or non-life threating food allergies.   |  |  | | --- | --- | | **Foods to be omitted** | **Choice of foods to be substituted** | |  |  | |  |  | |  |  | |  |  |  |  |  | | --- | --- | | **Physician’s Signature (required)** |  |   *\*St. Johns County School Food and Nutrition Services and Student Health Services will recognize a State licensed health care professional who is authorized to write medical prescriptions under state law as a medical authority.* |