

**FREDERICK COUNTY PUBLIC SCHOOLS/FREDERICK COUNTY HEALTH DEPARTMENT**

**Food and Nutrition Services**  
**FOOD ALLERGY AND SENSITIVITY FORM**  
**Health Care Provider Statement**

**If your child has a documented food allergy or sensitivity, you must provide this form with a health care provider signed statement at the start of each school year**  
**This form is only valid for the current school year.**

**HEALTH CARE PROVIDER AUTHORIZATION**

<u>Name of School:</u>		<u>School Year:</u>
<u>Name of Student:</u>	<u>Grade:</u>	<u>Date of Birth:</u>
<u>Student food allergy or sensitivity:</u>		
<u>Why allergy or sensitivity restricts the diet?</u>		
<u>Specific Food(s) to be omitted from diet:</u>		
<u>Suggested Food Substitutions:</u>		
<u>Health Care Provider's Name/Title: (Type or Print)</u>		<u>Health Care Provider Stamp</u>
<u>Telephone:</u>	<u>Fax:</u>	
<u>Address:</u>		
<u>Health Care Provider's Signature:</u>	<u>Date:</u>	

**PARENT/GUARDIAN AUTHORIZATION**

<u>Parent/Guardian Signature:</u>	<u>Date:</u>
<u>Printed Name:</u>	<u>Cell Phone:</u>
<u>Home Phone:</u>	<u>Email:</u>

**\*The school food services is not required to provide food substitutions or modifications outside of the food items available by food services for children with medically certified special dietary needs who are unable to eat regular meals as prepared.**

**For any questions, you may contact Food and Nutrition Services at 301-644-5061.**

***Please return this form to the HEALTH ROOM upon completion.***