

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 food allergy, you must provide this form with a health care provider signed statement at the start of each school year. Previous Allergy and Sensitivity Form are not carried over from the prior school year.

HEALTH CARE PROVIDER AUTHORIZATION

Name of Student:

Date of Birth:

Student disability or food allergy:

Why disability or allergy restricts the diet?

The Food(s) to be omitted from diet:

*The food or choice of foods to be substituted (please specify)

Health Care Provider's Name/Title: (Type or Print)

*Health Care Provider
Stamp*

Telephone:

Fax:

Address:

Health Care Provider's Signature:

Date:

PARENT/GUARDIAN AUTHORIZATION

Parent/Guardian Signature:

Date:

Printed Name:

Phone:

Telephone:

Email:

**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*

*** Health Room Staff: Copy to Health File and send to FCPS Food and Nutrition Services*