

Scurry-Rosser ISD
Food Allergies/Special Diets

School Year: _____

To The Parent/Guardian of _____

Students with food allergies or specific dietary needs that require special consideration while at school are required to have a physician's statement on file addressing the issue. The physician's statement should include the following, as it applies to your child's condition.

Food Allergy

1. Food that your child is allergic to. _____
2. The reaction caused if this food is consumed. _____

3. Substitute food must be recommended by physician (such as juice for milk, apple for banana). _____

Special Food Preparation

1. Special preparation of food (such as pureed or blended). _____
2. Need for alternate food (such as baby food). _____
3. Condition requiring the need for the special food preparation.

Our dietary department has the best interest of your child in mind and wishes to keep your child healthy and safe while at school. The State requires that all 5 food groups be placed on the students' trays. In order to make a substitution, a physician's order must be on file with the above questions answered. If this is not done, your child's account will not be flagged. Please return this statement to your School Nurse.

Physician Signature: _____

Date: _____