**Cocke County Schools**

Medical Request for Meal Modification

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

School Name: _____

- ☐ Needs accommodations from the cafeteria
  or
- ☐ Packing meals daily

*I certify that the above-named student needs to be offered food substitutions due to a food allergy/intolerance or other medial need as indicated. I give permission to the School Nutrition Department to contact the doctor or other recognized medial authority if clarification is needed on these orders. I understand the cafeteria must follow the Medial Authority's orders. In order for the child to be released from these restrictions, a Parental Release Form must be signed. Additionally, I understand that if my child's medical or health needs change, it is my responsibility to provide an updated form to the Food and Nutrition Services office and the school nurse.*

_____

Parent/Guardian Signature Date Phone Number

**To be completed by Physician/Recognized Medial Authority**

**Food Allergy or Intolerance**

□ Milk/Dairy
□ No Fluid Dairy Milk □No Cheese □No Ice Cream
□ No dairy products or derivatives even BAKED IN products
□ Egg Allergy
□ No whole eggs
□ No egg products or derivatives even BAKED IN products
□ Corn
□ No vegetable form only □ No corn products or derivatives

**Life Threatening Food Allergy:** □ Yes □ No

□ Fish □Shellfish
□ Peanut □Tree Nut
□Soy (No soy butter or soy milk)
□Sesame
□ Wheat
□ Other (Please list): _____
_____

Please indicate what must be done to accommodate the child's diet. If foods are to be eliminated from the diet, please recommend substitutions. (Example: if the student is allergic to fluid cow's milk, please recommend alternatives such as soy milk, almond milk, etc.)

Signature Required-Return to School. Food Service Supervisor will scan and send to appropriate cafeteria manager. Contact Lisa Kelley, Food Service Supervisor at 423-623-1956 ex. 2040 with questions.

_____

Physician's Printed Name Physician's Contact Number

https://www.fns.usda.gov/civil-rights/usda-nondiscrimination-statement-other-fns-programs