

THIS FORM IS TO BE RETURNED ONLY WHEN APPLICABLE

St. Mary of the Assumption Catholic School 2024-25 FOOD ALLERGIES AND REQUEST FOR EXEMPTION/SUBSTITUTION TO LUNCH MENU DUE TO FOOD ALLERGIES

In order for St. Mary of the Assumption Catholic School to be in compliance with the National School Lunch Program, **we need to be aware of any food allergies that your student(s) may have**. Please list all food allergies along with what steps are required if exposed to the afore mentioned allergies.

The Federal Government's National School Lunch Program **REQUIRES** schools participating in the National School Lunch Program to obtain a signed Physician's Statement in order for a student to receive **any type of substitution/exemption from the original lunch menu**. A signed Physician's Statement is also required for a student not to receive milk with lunch. If you do not wish to have a physician complete this form, the student will be required to take **ALL** items offered and no substitutions or exemptions will be given.

STUDENT'S NAME AND FOOD ALLERGIES:

NAME: _____

ALLERGIES: _____

STEPS TO TAKE IF EXPOSED: _____

NAME: _____

ALLERGIES: _____

STEPS TO TAKE IF EXPOSED: _____

NAME: _____

ALLERGIES: _____

STEPS TO TAKE IF EXPOSED: _____

PHYSICIAN'S STATEMENT (to be completed by a physician):

_____ is under my care and has an allergy to the following food(s):
(Student's Name)

(List ALL Food Allergies)

Because of the afore mentioned food allergies _____ should be given a substitute to the menu item. (Student's Name)

Specific instruction if student is exposed to food allergy:

Date

Physician's Signature

Physician's Phone Number