



SPECIAL DIETARY AUTHORIZATION

Student _____ Birthdate: _____ Grade _____

Address _____ Phone _____ School _____

A person with a food anaphylaxis (severe food allergy) is considered to have a disability under Section 504 of the Rehabilitation Act of 1973, and the Americans with Disabilities Act (ADA of 1990). USDA regulation 7CFR Part 15b requires substitutions or modifications in school meals for those children whose disabilities (intolerance) restrict their diets. A child with a disability must be provided substitutions in foods when that need is supported by a statement signed by a licensed physician.

Physician Statement

Describe the child's disability:

Provide an explanation of why the disability restricts the child's diet:

Describe the major life activity affected by the disability:

List the food or foods to be omitted from the child's diet:

Allowable substitutions:

Physicians Signature _____
Signature Print/Stamp

Phone _____ Date _____

Parent Authorization

___ I request that my child not purchase any food from the school cafeteria.

___ I understand that I must notify the school of any changes to my child's dietary needs.

Parent Signature _____ Date _____

Bexley City School District, 348 South Cassingham Road, Bexley, OH 43209
Health Office Phone: Cassingham Complex 237-4309 ext 3146; Montrose 237-4226; Maryland 237-3280
School Fax #: Cassingham Complex 338-2090; Montrose 338-2088; Maryland 338-2080