



New Hope
Christian Academy

Food Allergy Medical Statement

This form must be filled out completely and submitted with a Physician's statement, before any meal substitutions can be made for children who have allergies. A new form must be submitted each year, and any mid-year changes require the submission of a new form signed by the child's physician.

To be completed by parent/guardian.

Student's Name: _____ Date of Birth: _____

Parent/Guardian: _____ Phone: _____ (Mobile) _____ (Work)

To be completed by licensed physician (physician's assistant or nurse practitioner).

This student has a **life-threatening food allergy** to:

peanuts tree nuts milk fish shellfish eggs soy wheat

Other _____

Do the allergy symptoms also occur when allergen is used as an ingredient in a product? Yes No

Example: If the student has an egg allergy in which egg patties trigger a reaction but baked products that contain eggs do not trigger a reaction, then the answer is no.

Diagnosis (Describe the patient's allergies, and approved substitution if any; if the student has a life-threatening allergy to milk, indicate whether the student should receive juice or water in place of milk. Be specific as possible, for example, if allergic to milk, define whether Whole, 2%, etc. Or, if allergic to shellfish, must child not only eat it, but also keep a certain distance.):

This student has a **non-life-threatening food allergy**. Yes No Describe: _____

Does the allergy restrict student's diet? Yes No

This student is lactose intolerant. Yes No

List foods to be omitted from diet and approved substitutions for those foods: _____

Licensed Physician's Signature _____ Date _____

Licensed Health Professional's Signature _____ Date _____
(Physician's Assistant/Nurse Practitioner)