St. Bernadette Catholic School
Physician Statement of Medically Necessary Dietary Accommodations
2019-2020 School Year - *Form must be updated annually

PART 1 ***To be completed by parent or guardian***		
Student Name (Last, First, Middle)	Date of birth:	Grade:

Does this student have a current Allergy/Anaphylaxis Action Plan in place? ☐ YES ☐ NO**

**If you answered NO, please print the form that can be found here and have your physician fill it as well as this form:
https://www.stbernschool.org/parent-resources/clinic

_____	_____	_____
Parent/Guardian Signature	*Daytime Telephone*	*Date*

PART II ***To be completed by a physician***

Please note that our kitchen is completely TREE NUT & PEANUT FREE, so those are not listed.
Please select which food allergies that above named child has been diagnosed with:

☐ Child has a **Milk Protein Allergy -** *Please choose severity*

- ☐ Child has a SEVERE ALLERGY and must avoid all milk, cheese, yogurt, and other foods including casein, whey, and other milk proteins.
- ☐ Child has less severe allergy and should not drink milk or eat cheese or yogurt, but may consume cooked or baked products containing milk (muffins, cake, etc.)

Please add any additional info here:

☐ Child has a **Lactose Intolerance -** *Please choose severity*

- ☐ Child is VERY SENSITIVE to lactose and needs to avoid all milk, cheese, yogurt, and other foods containing milk, milk solids, casein, and whey. Child should drink lactaid or soy milk.
- ☐ Child is lactose intolerant but may eat cheese, yogurt or other foods containing milk, milk solids, casein, and whey in moderation. Child should drink lactaid or soy milk.

Please add additional info here:

☐ Child has an **Egg Allergy -** *Please choose severity*

- ☐ Child has a SEVERE ALLERGY and must avoid all eggs and products made with egg proteins.
- ☐ Child has a less severe allergy and must avoid all visible egg products, but may consume products with a small amount of eggs (mayo, cake, etc.)

Please add any additional info here:

☐ Child has a **Soy Allergy -** *Please choose severity*

- ☐ Child has a SEVERE ALLERGY and must avoid all soy including soy protein, soy flour, soy lecithin and soybean oil.
- ☐ Child has a less severe allergy and needs to avoid major sources of soy, but may consume soy lecithin and soybean oil.

Please add any additional info here:

☐ Child has a **Wheat Allergy** - *Please list foods to avoid:*

☐ Child has a **Seafood Allergy** - *Please list foods to avoid:*

☐ Child has an **Other Allergy not listed** - *Please list allergies & foods to avoid:*

_____	_____	_____
Licensed Health Care Provider Name (Print)	Licensed Health Care Provider Signature	Date

_____	_____
Physician Telephone	Physician Fax