

## FOOD ALLERGY/ISSUE SUBSTITUTION REQUEST

This form must be completed by physician, related to food allergy or food health issue in order for any substitution to be made to school lunch.

Student: \_\_\_\_\_

Teacher: \_\_\_\_\_

Food Allergy/Issue: \_\_\_\_\_

Substitute item: \_\_\_\_\_

Physician name: \_\_\_\_\_

Physician Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Physician Office Stamp: \_\_\_\_\_