Form is to be completed by an authorized medical professional. Return completed copy to the Child Nutrition Office.

██

Student's Name:

Soybean oil only

06 Tw 9 -0 0 9 62.04 273.24 Tm(P)-8 (l)-2.7 (ea)-6 (s)-0.7 (e S)0.7 (pec)-8.7 (i)-2.6 (f)-6.7 (y)-5.3 (:)-3.7 (_____

██

MILD ALLERGY: Student has a food allergy that is less severe or does not cause an anaphylactic reaction
FOOD INTOLERANCE: Student has a food intolerance that requires a modified diet

<u>**Texture Modification:**</u> Please Specify (blended, chopped, thickener, etc): _____

I certify that the above named student requires food substitutes as described above due to their disability, food allergy, or food intolerance.