



Special Diet Statement

New Life Academy does not provide dietary accommodations or substitutions for meals or snacks. All food preferences or accommodations must be provided by the student's parent/guardian. This form is to be completed by a licensed physician, physician assistant, or a certified nurse practitioner to specifically identify life threatening food allergies, food allergies and food intolerances.

Updates to this form are required only when a child's dietary needs change. If changes are not needed, the current form will follow the student from grade to grade.

Student Information

Student's Name: _____ Date of Birth: _____

Last/First/Middle Initial

Parent/Guardian Name: _____

Home/Cell #: _____ Work #: _____

Required Information: Dietary Accommodation

Identify the:

Food allergy: that is life threatening/anaphylactic reaction

Has EpiPen

Food Allergy: that **does not** result in a life threatening/anaphylactic reaction:

Lactose Intolerance: **No milk to drink** _____

Food Intolerance: Food(s) intolerant to: _____

Signature

Licensed Health Care Provider/Credentials (print): _____

Signature: _____ Date: _____

Clinic Name: _____

Phone #: _____ Fax #: _____