



**Holy Cross Academy**  
**Physician Statement of Medically Necessary Dietary Accommodations**  
*Form must be updated annually*

**PART I To be completed by parent or guardian**

Student Name (Last, First, Middle)	Date of birth:	Grade:
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Does this student have a current Allergy/Anaphylaxis Action Plan in place?  YES  NO\*\*

\*\*If you answered NO, please print the form found here and have your physician fill it as well as this form:  
<http://holycrossweb.com/Documents/health/allergy%20action%20plan.pdf>

I understand that reasonable efforts will be made to modify meals for students with food allergies. I understand that I need to fill out a Special Food Order form at least **one week** in advance prior to my child purchasing lunch to ensure the cafeteria can make the necessary accommodations. I understand this modification may incur additional costs above the stated meal price and agree to pay the difference.

Parent or Guardian Signature	Daytime Telephone	Date
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**PART II To be completed by a physician**

*Please note that our cafeteria is completely TREE NUT & PEANUT FREE, so those are not listed*  
**Please select which food allergies the 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 a 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 **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 any additional info here:

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

- Child has a SEVERE ALLERGY and must avoid egg 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 (i.e. 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 lists foods to avoid:*

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

Child has an **Other Allergy not listed** - *Please lists allergy & foods to avoid:*

Licensed Health Care Provider Name (Print or Type)	Licensed Health Care Provider Signature	Date
Physician Telephone	Physician Fax	