RANTOUL TOWNSHIP HIGH SCHOOL
District 193
200 S. Sheldon Street
Rantoul, Illinois 61866

Annual Physician's Statement for Children
Requiring Menu Modifications or Substitutions during the School Day
Please complete and return only if you are requesting a lunch meal substitution for your child

Child's Name:	
DOB:	
Grade:	

I consent to the sharing of relevant medical information between the school and the physician's office.

Parent Signature _____ Print Parent Name _____

Date _____ Phone Number _____

All below sections must be completed by a physician.	Food Allergy	Circle Severity*		
Child's condition requiring menu modification or substitution:*		S	N	I
		S	N	I
		S	N	I
		S	N	I
Explanation for the restrictions of the child's diet:				
The food or foods to be omitted from the child's diet:				
Food or foods that must be substituted and/or modified:				

*Circle appropriately for each allergy
S = Severe N = Non-Severe I= Intolerance

Severe- allergy causing anaphylactic shock
Non-severe- allergy not causing anaphylactic shock
Intolerance- an adverse digestive response

Licensed Physician Signature _____ **Printed Physician Signature** _____

Date _____ **Phone Number** _____

NOTE- This form MUST be updated yearly

1/23

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Declaración anual del médico para niños que requieren modificaciones o sustituciones del menú durante el día escolar

Complete y devuelva solo si está solicitando una sustitución de almuerzo para su hijo

Nombre del estudiante:	
DOB:	
Grado:	

Doy mi consentimiento para compartir información médica relevante entre la escuela y el consultorio del médico.

Firma de Padre/Guardián _____ Firma en molde de Padre/Guardián _____

Fecha _____ Teléfono _____

All below sections must be completed by a physician.

	Food Allergy	Circle Severity*		
Child's condition requiring menu modification or substitution:*		S	N	I
		S	N	I
		S	N	I
		S	N	I
Explanation for the restrictions of the child's diet:				
The food or foods to be omitted from the child's diet:				
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Licensed Physician Signature _____ **Printed Physician Signature** _____

Date _____ **Phone Number** _____

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