

Oak Hills Local School District Food Allergy Evaluation Form

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| OTHER ALLERGIES Allergies: <hr/> Foods to be omitted: <hr/> Substitutions: <hr/> |
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| ADDITIONAL DIETARY RESTRICTIONS OR SPECIAL DIET Please describe: |
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| RELIGIOUS RESTRICTIONS (Does not need to be completed by a physician or medical authority) Please list foods restricted: |
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| What was the date of the first reaction, the symptoms, and the treatment? How responsible is your child in avoiding food items? Does your child wear a medical alert? YES / NO Is it necessary to avoid: physical contact, inhalation of, or ingestion of foods allergic to? Circle all that apply. |
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| *ALLERGY TABLE* Would you like your child to sit at an allergy table (applies to grades K-6 only)? YES / NO If YES, your child WILL be required to sit at an allergy table at your child's school until a written document is received from parent/guardian stating otherwise. |
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Please have your physician complete a School Medication Permit if it is necessary for us to have medication at school. Forms can be found online or at school. If more than one medication is needed, a separate form is required for each medication. Medication must be delivered to the clinic by an adult in the original container. Children cannot carry medication to school unless it is an inhaler or Epi-Pen AND the doctor's order specifies it.

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| Parent/Guardian Signature: | Date: |
| Physician or Medical Authority Signature: | Date: |

**** Form can NOT be processed unless it is signed by a Physician or Medical Authority ****

- OFFICE USE ONLY -

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| Nurse Signature: | Child Nutrition Signature: |
| Date: | Date: |

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In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. **mail:**
U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or
2. **fax:**
(833) 256-1665 or (202) 690-7442; or
3. **email:**
Program.Intake@usda.gov

This institution is an equal opportunity provider.