



COLQUITT COUNTY SCHOOL DISTRICT

ESTD. 1873

Ben Wiggins
Superintendent
229.890.6200

www.colquitt.k12.ga.us

P.O. Box 2708 | Moultrie, Georgia 31776-2708

Memo

Attention Parents:

Attached is a Food Allergy Notification Form. This form must be used when submitting documentation for School Meal Adjustments due to medical reasons and **MUST be signed by a Medical Doctor.**

Part 1: To be completed by Parent/Guardian

Part 2: Food Allergy section. To be completed by Medical Doctor.

This notice only has to be submitted one time during your child's school enrollment. This notice will remain on file and meal accommodations will remain in effect unless we receive a statement from the medical professional adjusting guidance outlined on this form. Again, you will only be required to submit this form ONE time during your child's school enrollment in Colquitt County Schools. Adjustments to meal components must be supported by a medical statement if future changes are required. Otherwise, dietary adjustments will remain in effect until student leaves the Colquitt County School System.

If your child has a food allergy and meal adjustments are required, please take this form to your MEDICAL DOCTOR for completion and signature.

Failure to provide this form can jeopardize your child's nutritional safety while at school. It is our desire to protect and provide for your child during meal time as instructed by a trained medical professional. Please assist us by submitting required documentation as outlined.

Sincerely,

Colquitt County School Nutrition Dept.

***Return form to your child's school nurse, cafeteria or mail to:**

**Colquitt County School Nutrition Dept.
PO Box 2708
Moultrie, Ga. 31776**

FOOD ALLERGY NOTIFICATION

If you need assistance with this form, contact the Colquitt County
School Nurse Coordinator OR School Nutrition Director at 229-890-6200.

MEDICAL STATEMENT TO REQUEST ACCOMMODATIONS IN THE SCHOOL MEAL PROGRAMS DUE TO ALLERGIES SUPPORTED BY MEDICAL STATEMENT

Return to School Nurse or Cafeteria Manager when completed.

***This notice will remain in student file. Adjustments to meal components must be supported by a medical statement if future changes are required. Otherwise, dietary adjustments will remain in effect until student leaves the Colquitt County School System.**

Part 1: To be completed by Parent/Guardian			
Child's Name	Age of Child	School Name	Grade/Classroom
Parent/Guardian Name (Please Print)			
	Phone Number	Email Address	
Parent's Signature		Date	
Part 2: Food Allergy			
Please provide a description of the child's FOOD allergy and how it restricts the child's diet.			
Please explain how to accommodate the required diet.			
List any dietary restrictions or special diet instructions for school meals.			
List food(s) to be omitted from diet:		List food(s) to be substituted:	
Designate texture modifications needed for all foods:		Designate consistency for liquids:	
<input type="checkbox"/> Pureed <input type="checkbox"/> Diced/finely ground <input type="checkbox"/> Chopped/cut into bite-sized pieces		<input type="checkbox"/> Pudding thick <input type="checkbox"/> Nectar thick <input type="checkbox"/> Honey thick <input type="checkbox"/> Thin/normal consistency	
List any special equipment or utensils needed:			
Additional comments about the child's eating or feeding patterns:			
Signature Below			
Signature of State Licensed Healthcare Professional			Date
State Licensed Healthcare Professional's Name, Title & Phone Number (Please Print)			Date