

Release of Information for Special Diets

The following child is a participant in one of the United States Department of Agriculture (USDA) programs: National School Lunch Program School Breakfast Program, After-school Snack Program, Summer Food Service Program or the Child and Adult Care Food Program. USDA regulations 7CFR Part 15B requires substitution or modifications in school/program meals for children whose disabilities restrict their diets. A child with a disability must be supplied substitutions in foods when that need is supported by a statement signed by a licensed physician. Food allergies which may result in severe, life-threatening (anaphylactic) reaction, also meet the definition of "disability", and the substitutions prescribed by the licensed physician/medical authority would be made.

Part 1: To be completed by Parent/Guardian

Child's Name: _____

Name of School/Center/Program: _____

Parent's/Guardian's Name: _____

() _____

Home Phone

() _____

Work Phone

Address _____

City, ST ZIP Code _____

Date of Birth: _____ M F

Grade Level/Classroom: _____

In accordance with the provisions of the Health Insurance Portability and Accountability Act of 1996 and the Family Educational Rights and Privacy Act I hereby authorize (*Physician's name*) _____

to release such protected health information of my child as is necessary for the specific purpose of Special Diet information to _____ (*Insert School/Program Name*) and I consent to allow the physician/medical authority to freely exchange the information listed on this form and in their records concerning my child, with the school program as necessary. I understand that I may refuse to sign this authorization without impact on the eligibility of my request for a special diet for my child. I understand that permission to release this information may be rescinded at any time except when the information has already been released. My permission to release this information will expire on _____. (*Insert date*)

This information is to be released for the specific purpose of Special Diet information.

The undersigned certifies that he/she is the parent; guardian or representative of the person listed on this document and has the legal authority to sign on behalf of that person.

Parent/Guardian Name: Print: _____

Parent/Guardian Name: Signature: _____

Date: _____