

Date: [Date]

To: [School Name/School Nurse/Section 504 Coordinator]

From: [Provider Name/Clinic Name]

Re: [Patient Name], DOB: [Patient Date of Birth]

To whom it may concern,

The above-named patient is currently under my care for the treatment of Eosinophilic Esophagitis (EoE). EoE is a chronic immune-mediated disease where specific food proteins trigger inflammation in the esophagus, leading to difficulty swallowing and potential choking hazards.

To manage this condition and ensure the student's safety, the following dietary accommodations are medically necessary:

Strict Dietary Restrictions:

The student must strictly avoid the following food allergens (checked below):

Dairy/Milk

Wheat/Gluten

Eggs

Soy

Peanuts

Tree Nuts

Fish/Shellfish

Other: [Specify]

Mealtime Accommodations:

1. The student requires access to clean water at all times to assist with swallowing.
2. The student should be allowed extra time to finish meals, as slow chewing is often necessary.
3. Staff should monitor for signs of "food impaction" (food getting stuck), such as chest pain, gagging, or inability to swallow saliva.
4. Strict cross-contamination prevention must be observed during lunch and classroom activities involving food.

Emergency Contact:

In the event of a suspected food impaction or severe allergic reaction, please follow the student's Emergency Action Plan and contact the parents immediately.

These accommodations should be incorporated into the student's 504 Plan or Individualized Health Plan (IHP). Please contact our office at [Phone Number] if you require further clarification.

Sincerely,

[Provider Signature]

[Provider Name and Title]

[Clinic Name]