



## Medical Statement: Request for Special Meals and Milk Substitutions

To Be Completed by Parent/Guardian. <i>Please Print.</i>	
School District:	School Site: Grade: Teacher:
Student Name:	<input type="checkbox"/> M <input type="checkbox"/> F
Name of Parent/Guardian:	Phone Number: Email:

**Signature of Parent / Guardian:** \_\_\_\_\_

<b>The following sections must be completed by a licensed medical physician. Please Print.</b>
<p>Check Box that applies:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Student has a <b>life</b> threatening (anaphylactic) food allergy and is requesting a special meal or accommodation.</li> <li><input type="checkbox"/> Student has a <b>non-life</b> threatening food allergy and is requesting a special meal or accommodation.</li> <li><input type="checkbox"/> Student has Celiac Disease and is requesting a special meal or accommodation.</li> <li><input type="checkbox"/> Student is lactose intolerant and is requesting a milk substitution.</li> <li><input type="checkbox"/> Student has a chewing/swallowing disorder and is requesting texture modification.</li> </ul>
<p>State disability or medical condition requiring special meal, accommodation or fluid milk substitution (i.e. life-threatening food allergy to peanuts):</p> <hr/>
<p>Please provide a description of major life activities affected:</p> <hr/>
<p>Diet prescription or accommodation: (Please describe in detail for appropriate implementation. Attach another sheet if needed):</p> <hr/>

The following section must be completed by a **licensed medical physician**. *Please Print.*

Foods to be Omitted:	Foods to Substitute:

Texture Modification

To receive texture modification, a signed diet prescription must be attached. Please indicate modification type and list all foods that require modifications.

<b>Signature of Physician and Credentials (required):</b>	<b>Printed Name:</b>
<b>Phone Number:</b>	<b>Date:</b>
<b>Parent/Guardian Signature (required):</b>	<b>Printed Name:</b>
<b>Phone Number:</b>	<b>Date:</b>

**For Food and Nutrition Services Use Only:**

Approves Request  More Information Needed  Denies Request

Notes: