Medical Statement for Children Requiring Special Meals

Name of Student:	School District:
Birth Date:	Grade:
Parent Name:	School Attended:
Telephone:	Telephone:

For Physician's Use

Identify and describe disability or medical condition, including allergies, that requires the student to have a special diet. Describe the major life activities affected by the student's disability (see back of form if you need more room).

Diet Prescription (check all that apply):

☐Diabetic (include calorie level, carbohydrate count, and/or attach meal plan): ___________________________________

☐Modified Texture and/or Liquids O Food Allergy (list): ____

☐Reduced Calorie: __________________ ☐ Increased Calorie: __________________

☐Other (describe e.g. PKU, Ketogenic, Tube Feeding): ____

Food Omitted and Substitutions:

Use space to list specific food(s) to be omitted and food(s) that may be substituted. You may attach an additional sheet if necessary. Describe in detail allergies e.g. milk allergy - does that include pudding, cheese, yogurt, etc.

OMITTED FOODS	SUBSTITUITONS
_______________________________________	_______________________________________
_______________________________________	_______________________________________
_______________________________________	_______________________________________
_______________________________________	_______________________________________

Indicate Texture (see attached sheet for additional information):

☐Regular ☐Chopped ☐Ground ☐Pureed

Indicate thickness of liquids:

☐Regular ☐Nectar ☐Honey ☐Pudding

☐**Special Feeding Equipment** ____

Additional comments: ____

I certify that the above named student needs special school meals as described above, due to the student's disability or chronic medical condition.

_____________________________________ ________________________ _____________________

Physician's Signature **Telephone Number** **Date**

_____________________________________ ________________________ _____________________

Signature of Preparer or Other Contact **Telephone Number** **Date**

I hereby give my permission for the school staff to follow the above stated nutrition plan.

____ ____

Parent/Guardian **Date**

TO BE COMPLETED BY PARENT/GUARDIAN (form can be on file for 4 years; reviewed each year):

Reviewed By:	**Date:**
Reviewed By:	**Date:**
Reviewed By:	**Date:**