

## Medical Statement to Request Special Meals and/or Accommodations

### SECTION A: TO BE COMPLETED BY PARENT/GUARDIAN

1. School Name	2. School Telephone Number
3. Student Name	4. Age/Date of Birth
5. Parent/Guardian Name	6. Telephone Number

7. Does your student typically eat school provided meals?  Yes  No

8. If yes, which school provided meals will your child eat?

Breakfast  Lunch  Afterschool

9. Which days will your child most likely eat school provided meals?

Monday  Tuesday  Wednesday  Thursday  Friday

### SECTION B: TO BE COMPLETED BY A STATE-LICENSED HEALTHCARE PROFESSIONAL (Medical Doctor (MD), Doctors of Osteopathy (DO), Physical Assistant (PA) or Advanced Registered Nurse Practitioner (ARNP):

10. Does the student have food allergies?  Yes  No

11. If yes, please select the foods to be excluded from the student's diet:

**Eggs:**

- Eggs - All  
 Whole - May have small amounts cooked  
in foods

**Peanuts:**

- All peanuts  
 Other: \_\_\_\_\_

**Wheat:**

- All wheat  
 Other (please specify):  
\_\_\_\_\_

**Tree Nuts:**

- All tree nuts  
 Other:  
\_\_\_\_\_

**Milk:**

- Dairy proteins (**not** lactose intolerant.  
ALL dairy protein containing foods are  
restricted)  
 Fluid Milk  
 Cheese  
 Yogurt  
 Ice Cream

**Shellfish:**

- All shellfish  
 Other:  
\_\_\_\_\_

**Soy:**

- All soy  
 All Soy, except soybean oil

(Section B continues on the next page)

**SECTION B: Continued**

**Sesame:**

- All sesame
  - Other:
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**Fish:**

- All fish
  - Other:
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**12. Other food allergies and/or intolerances:**

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**13. Suggested substitutions:**

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**14. Does the student have other conditions that restrict the diet? Select all that apply.**

- Celiac disease and/or gluten intolerance
  - EOE (eosinophilic esophagitis)
  - Eczema/skin issues
  - Other - **Specify diagnosis:**
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**15. Specific foods to be avoided:**

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**16. Suggested substitutions:**

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**17. Diet prescription and/or accommodation:** (e.g., all foods must be either in liquid or pureed form)

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**SECTION C: SIGNATURES**

<b>18. Parent or Guardian Signature</b>	<b>19. Date</b>
<b>20. Medical Authority Signature</b>	<b>21. Printed Name</b>
<b>22. Telephone Number</b>	<b>23. Date</b>

**INTERNAL USE ONLY**

Date received by School:	Date Placed in Student Health Record:	Date Copy Given to Food Service:
Recipients Signature:	Filer's Signature:	Recipients Signature:

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# Medical Statement to Request Special Meals and/or Accommodations

## Instructions

1. School Name: Print the name of the school that is providing the form to the parent or guardian.
2. School Telephone Number: Print the telephone number of the school.
3. Student Name: Print the name of the student to whom the information pertains.
4. Age or Date of Birth: Print the age of the student. For infants, please use date of birth.
5. Parent or Guardian Name: Print the name of the person requesting the student's medical statement.
6. Telephone Number: Print the telephone number of the parent or guardian.
7. Indicate if the student typically eats school provided meals.
8. Check One: Check (✓) a box to indicate which school provided meals will the student eat.
9. Check One: Check (✓) a box to indicate which days the student will most likely eat school provided meals.
10. Check One: Check (✓) a box to indicate whether the student has food allergy or does not have a food allergy.
11. Check (✓) all applicable boxes corresponding to foods to be excluded from the student's diet. If none apply, skip this question.
12. Indicate if the student has other food allergies and/or intolerances
13. List specific substitute foods to include in the diet (e.g., lactose-free milk).
14. Check (✓) all applicable boxes corresponding to other conditions that restrict the diet. If the student does not have other conditions that restrict the diet, skip this question.
15. List specific foods that must be omitted (e.g., exclude fluid milk). If specific foods do not need to be omitted, skip this question.
16. List specific substitute foods to include in the diet (e.g., lactose-free milk).
17. Diet Prescription and/or Accommodation: Describe a specific diet or accommodation that has been prescribed by a physician, or describe a diet modification requested for a non-disabling condition (e.g., all foods must be either in liquid or pureed form; student cannot eat solid foods).
18. Parent or Guardian Signature: Signature of person requesting the student's medical statement.
19. Date: Print the date the parent or guardian signed the document.
20. Medical Authority Signature: Signature of the medical authority requesting a special meal or accommodation.
21. Printed Name: Print the name of the Medical Authority requesting a special meal or accommodation.
22. Telephone Number: Telephone number of the Medical Authority requesting a special meal or accommodation.
23. Date: Print the date the Medical Authority signed the document.