

MEDICAL STATEMENT TO REQUEST SPECIAL MEALS AND/OR ACCOMMODATIONS

Complete this form only if you are requesting special meals/and or accommodations from the school cafeteria. This form should be updated each new school year & return to the school nurse for processing.

Student Information - Complete by parent or guardian

School	Grade	Student ID #
Student Name	Date of Birth	
Parent or Guardian Name	Phone #	
Which meal(s) need accommodation? (mark all that apply) <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Afterschool Meals	How often will the student eat school meals? (mark one) <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Occasionally <input type="checkbox"/> Rarely	

Medical Information - Complete by *State Licensed Healthcare Professional only (Required)

*For this purpose, a state-licensed healthcare professional in California is a licensed physician, a physician assistant, or a nurse practitioner.

Description of student physical or mental impairment affected:	Explain the diet prescription and/or dietary accommodation:
Food Texture Modification (if applicable, select one only) <input type="checkbox"/> Pureed <input type="checkbox"/> Ground <input type="checkbox"/> Chopped	
Foods & Beverages To Be Omitted (mark all that apply)	Suggested Substitutions (mark all that apply and/or use "Other" to be as specific and descriptive as possible)
<input type="checkbox"/> Fluid Milk only <input type="checkbox"/> Dairy products (milk, cheese, yogurt, Ranch, etc.) <input type="checkbox"/> Egg (including mayonnaise) <input type="checkbox"/> Soy (edamame, soy sauce, tofu, soy butter, etc.) <input type="checkbox"/> Peanuts <input type="checkbox"/> Tree Nuts <input type="checkbox"/> Fish (pollock, tuna, Caesar dressing, etc.) <input type="checkbox"/> Shellfish <input type="checkbox"/> Sesame (tahini, sesame oil, etc.) <input type="checkbox"/> Wheat <input type="checkbox"/> Gluten (including wheat, barley, and rye) <input type="checkbox"/> Other , please list: _____	<input type="checkbox"/> Milk in baked/cooked foods is ok <input type="checkbox"/> Cheese in cooked foods is ok <input type="checkbox"/> Egg in baked foods is ok <input type="checkbox"/> Soy oil in cooked foods is ok Other _____ _____ _____ _____ _____

⚠ BEFORE SIGNING, PLEASE ENSURE THAT ALL SECTIONS ARE COMPLETE

Medical Office Stamp Here Below

X _____
 *Signature of State Licensed Healthcare Professional (Required)

Printed Name _____

Phone # _____ Date ____/____/____

This institution is an equal opportunity provider

