

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**. A new request in writing will be required to change the information provided below. **This form should be updated each new school year & return to the school nurse for processing.**

PART 1: Student Information - Complete by parent or guardian

Student Name: _____	ID# _____	Date of Birth: ____ / ____ / ____
Grade: _____ School: _____	Parent/Guardian Name: _____	Phone #: _____
Which meals will the student eat at school? <i>(Circle all that apply)</i>		How often will the student eat school meals? <i>(Circle one)</i>
Breakfast Lunch PM Snack Supper		Daily Weekly Occasionally Rarely Never

Part 2: Medical Information - Complete by *State Licensed Healthcare Professional only

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

A: General Medical Information (REQUIRED)

1. Describe how the student’s physical or mental impairment restricts their diet:

2. Explain the diet prescription and/or dietary accommodation:

B: Food Texture Modification *(if applicable)* Regular Chopped ground Pureed

C: Food & Beverages To Be Omitted (REQUIRED)

	Foods & Beverages To Be Omitted <i>(mark all that apply)</i>	Suggested Substitutions <i>(mark all that may apply &/or use "other" to be as specific & descriptive as possible)</i>
Milk	<input type="checkbox"/> Fluid Milk only <input type="checkbox"/> All Dairy products (milk, cheese, yogurt, Ranch dressing, etc.)	<input type="checkbox"/> Milk in baked/cooked foods is ok <input type="checkbox"/> Cheese in cooked foods is ok (mac & cheese, cheese pizza, etc.) <input type="checkbox"/> Cold cheese & yogurt is ok
Egg	<input type="checkbox"/> Whole Egg (including in mayonnaise)	<input type="checkbox"/> Egg in baked foods is ok
Soy	<input type="checkbox"/> All Soy (edamame, soy sauce, tofu, soybutter, etc.)	<input type="checkbox"/> Soy oil in cooked foods is ok
Peanuts	<input type="checkbox"/> All Peanuts	Other _____
Tree Nuts	<input type="checkbox"/> All Tree Nuts	_____
Fish	<input type="checkbox"/> All Fish (pollock, tuna, Caesar dressing, etc.)	_____
Shellfish	<input type="checkbox"/> All Shellfish products	_____
Sesame	<input type="checkbox"/> All Sesame products (tahini, sesame oil, etc.)	_____
Wheat	<input type="checkbox"/> All Wheat products	_____
Gluten	<input type="checkbox"/> All Gluten products (includes wheat, barley, rye, & triticale)	_____
Other	<input type="checkbox"/> Please list/be specific: _____	_____

⚠ BEFORE SIGNING ⚠ Please ensure that all sections are complete!

D. State Licensed Healthcare Professional (REQUIRED)

Name of State Licensed Healthcare Professional *(please print)*: _____

Signature: _____ Date: ____ / ____ / ____ Phone: _____

This institution is an equal opportunity provider.