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? ***(Circle all that apply)***
Breakfast Lunch PM Snack Supper

How often will the student eat school meals? ***(Circle one)***
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 *(mark all that apply)*	Suggested Substitutions *(mark all that may apply &/or use "other" to be as specific & descriptive as possible)*
Milk	• Fluid **Milk only** • All **Dairy** products (milk, cheese, yogurt, Ranch dressing, etc.)	• **Milk** in baked/cooked foods is ok • **Cheese** in cooked foods is ok (mac & cheese, cheese pizza, etc.) • **Cold cheese & yogurt** is ok
Egg	• Whole **Egg** (including in mayonnaise)	• **Eggs** in baked foods is ok
Soy	• All **Soy** (edamame, soy sauce, tofu, soy butter, etc.)	• **Soy oil** in cooked foods is ok
Peanuts	• **Peanuts**	**Other** _____
Tree Nuts	• **Tree Nuts (Specify):**	_____
Fish	• All **Fish** (pollock, tuna, Caesar dressing, etc.) • All **Shellfish** products	_____
Shellfish	• All **Sesame** products (tahini, sesame oil, etc.)	_____
Sesame	• All **Wheat** products • All **Gluten** products (includes wheat, barley, rye, & triticale)	_____
Wheat **Gluten**	• Please list/be specific:_____	_____
Other		_____

Medical Office Stamp Here Below

⚠ **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:** _____