

## Medical Statement: Request for Special Meals and Milk Substitutions

To Be Completed by Parent/Guardian. <i>Pleas</i>	e Print.
School District:	School Site:
	Grade:
	Teacher:
Student Name:	□M □F
	·
Name of Parent/Guardian:	Phone Number:
,	  Email:
	Linaii.
The following sections must be completed by a lic	censed medical physician. Please Print.
Check Box that applies:	
Student has a <b>life</b> threatening (anaphylactic) or	) food allergy and is requesting a special meal
accommodation.	
☐ Student has a <b>non-life</b> threatening food alle	ergy and is requesting a special meal or
accommodation.	a proposite transfer and a second section.
<ul><li>Student has Celiac Disease and is requesting</li><li>Student is lactose intolerant and is requestin</li></ul>	
☐ Student has a chewing/swallowing disorder a	
Additional information can be attached if neede	
State disability or medical condition requiring	
milk substitution (i.e. life-threatening food al	llergy to peanuts):
Please provide a description of major life act	ivities affected:
Diet prescription or accommodation: (Please	describe in detail for appropriate
implementation. Attach another sheet if need	

Foods to be Omitted:	Foods to Substitute:
roous to be offlitted.	Tools to Substitute.
,	
ture Modification	
To receive texture modification, a	signed diet prescription must be attached.
·	and list all foods that require modifications.
Signature of Physician and	Printed Name:
Credentials (required):	Princed Name.
or cachelais (regaines).	
Phone Number:	Date:
Phone Number:	Date:
	Date: Printed Name:
Phone Number: Parent/Guardian Signature (required):	
Parent/Guardian Signature	
Parent/Guardian Signature (required):	
Parent/Guardian Signature (required):	Printed Name:
Parent/Guardian Signature (required):	Printed Name:
Parent/Guardian Signature (required): Phone Number:	Printed Name:
Parent/Guardian Signature (required): Phone Number: For Food and Nut	Printed Name:  Date:
Parent/Guardian Signature (required):  Phone Number:  For Food and Nut  Approves Request  More I	Printed Name:  Date:  Printed Name:
Parent/Guardian Signature (required): Phone Number: For Food and Nut	Printed Name:  Date:  Printed Name: