

Medical Statement for Children Requiring Special Meals

Name of Student:	School District:								
Birth Date:	Grade:								
Parent Name:	School Attended:								
Telephone:	Telephone:								
For Physician's Use									
Identify and describe disability or medical condition, including allergies, that requires the student to have a special diet. Describe the major life activities affected by the student's disability (see back of form).									
<p>Diet Prescription (check all that apply):</p> <input type="checkbox"/> Diabetic (include calorie level, carbohydrate count, and/or attach meal plan): _____ <input type="checkbox"/> Modified Texture and/or Liquids <input type="checkbox"/> Food Allergy (list): _____ <input type="checkbox"/> Reduced Calorie: _____ <input type="checkbox"/> Increased Calorie: _____ <input type="checkbox"/> Other (describe e.g. PKU, Ketogenic, Tube Feeding): _____									
<p>Food Omitted and Substitutions: Use space to list specific food(s) to be omitted and food(s) that may be substituted. You may attach an additional sheet if necessary. Describe in detail allergies e.g. milk allergy - does that include pudding, cheese, yogurt, etc.</p> <table style="width: 100%; border: none;"> <thead> <tr> <th style="width: 50%; text-align: center;">OMITTED FOODS</th> <th style="width: 50%; text-align: center;">SUBSTITUTIONS</th> </tr> </thead> <tbody> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> </tbody> </table>		OMITTED FOODS	SUBSTITUTIONS	_____	_____	_____	_____	_____	_____
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_____	_____								
_____	_____								
_____	_____								
<p>Indicate Texture (see attached sheet for additional information): <input type="checkbox"/> Regular <input type="checkbox"/> Chopped <input type="checkbox"/> Ground <input type="checkbox"/> Pureed</p> <p>Indicate thickness of liquids: <input type="checkbox"/> Regular <input type="checkbox"/> Nectar <input type="checkbox"/> Honey <input type="checkbox"/> Pudding</p> <p><input type="checkbox"/> Special Feeding Equipment _____</p> <p>Additional comments: _____</p>									
<p><i>I certify that the above named student needs special school meals as described above, due to the student's disability or chronic medical condition.</i></p>									
_____ Physician's Signature	_____ Telephone Number								
_____ Date									
_____ Signature of Preparer or Other Contact	_____ Telephone Number								
_____ Date									
I hereby give my permission for the school staff to follow the above stated nutrition plan.									
_____ Parent/Guardian	_____ Date								