

## Medical Statement for Children Requiring Special Meals

Name of Student:	School District:									
Birth Date:	Grade:									
Parent Name:	School Attended:									
Telephone:	Telephone:									
<b>For Physician's Use</b>										
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><b>Diet Prescription</b> (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><b>Food Omitted and Substitutions:</b> 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; height: 20px;">_____</td> <td style="border: none; height: 20px;">_____</td> </tr> <tr> <td style="border: none; height: 20px;">_____</td> <td style="border: none; height: 20px;">_____</td> </tr> <tr> <td style="border: none; height: 20px;">_____</td> <td style="border: none; height: 20px;">_____</td> </tr> </tbody> </table>			OMITTED FOODS	SUBSTITUTIONS	_____	_____	_____	_____	_____	_____
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_____	_____									
_____	_____									
_____	_____									
<p><b>Indicate Texture</b> (see attached sheet for additional information):</p> <input type="checkbox"/> Regular <input type="checkbox"/> Chopped <input type="checkbox"/> Ground <input type="checkbox"/> Pureed										
<p><b>Indicate thickness of liquids:</b></p> <input type="checkbox"/> Regular <input type="checkbox"/> Nectar <input type="checkbox"/> Honey <input type="checkbox"/> Pudding										
<input type="checkbox"/> <b>Special Feeding Equipment</b> _____										
<p><b>Additional comments:</b> _____</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 _____								
<p>I hereby give my permission for the school staff to follow the above stated nutrition plan.</p>										
Parent/Guardian _____	Date _____									