

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).		
Diet Prescription (check all that apply):		
<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): _____		
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.		
OMITTED FOODS	SUBSTITUTIONS	
Indicate Texture (see attached sheet for additional information):		
<input type="checkbox"/> Regular <input type="checkbox"/> Chopped <input type="checkbox"/> Ground <input type="checkbox"/> Pureed		
Indicate thickness of liquids:		
<input type="checkbox"/> Regular <input type="checkbox"/> Nectar <input type="checkbox"/> Honey <input type="checkbox"/> Pudding		
<input type="checkbox"/> Special Feeding Equipment _____		
Additional comments: _____		
<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>		
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	