MEDICAL STATEMENT TO REQUEST SPECIAL MEALS AND/OR ACCOMMODATIONS

1. School or Agency	2. Site Name	3. Site Phone Number

4. Name of Child or Participant	5. Age or Date of Birth

6. Name of Parent or Guardian	7. Phone Number

8. Description of Child or Participant's Physical or Mental Impairment Affected:

9. Explanation of Diet Prescription and/or Accommodation to Ensure Proper Implementation:

10. Indicate Food Texture for Above Child or Participant:

☐ **Regular** ☐ **Chopped** ☐ **Ground** ☐ **Pureed**

11. Foods to be Omitted and Appropriate Substitutions:

Foods To Be Omitted	Suggested Substitutions
☐Fluid Milk	☐ Soy Milk ☐ Lactose Free Milk
☐Cheese ☐ Yogurt ☐ All Dairy Products	☐Beef, ☐Poultry ☐ Beans
	☐Beef, ☐Poultry, ☐Fish, ☐Beans, ☐ Dairy
☐Whole Eggs alone ☐ Foods w/ eggs Ingredients	☐Egg-Free Breads
☐Wheat ☐ Gluten products(wheat, Rye, Barley, oats)	☐ Gluten free bread ☐ Gluten free pasta ☐ Rice
☐Peanuts, ☐Tree Nuts, (Walnuts, Cashews, etc.)	☐Beef, ☐Poultry, ☐Fish, ☐Beans, ☐ Dairy
☐Soy Beans(edamame) ☐All soy ingredients ☐Soy Bean oil	☐Soy-Free foods
☐Shellfish, ☐All Fish	☐Beef, ☐Poultry, ☐ Beans ☐Cheese ☐Yogurt

12. Adaptive Equipment to be Used:

13. Signature of State Licensed Healthcare Professional*	14. Printed Name	15. Phone Number	16. Date

***For this purpose, a state licensed healthcare professional in California is a licensed physician, a physician assistant, or a nurse practitioner.**

INSTRUCTIONS

1. **School or Agency:** Print the name of the school or agency that is providing the form to the parent.

2. **Site:** Print the name of the site where meals will be served.

3. **Site Phone Number:** Print the phone number of site where meal will be served.

4. **Name of Child or Participant:** Print the name of the child or participant to whom the information pertains.

5. **Age of Child or Participant:** Print the age of the child or participant. For infants, please use date of birth.

6. **Name of Parent or Guardian:** Print the name of the person requesting the child or participant's medical statement.

7. **Phone Numb :** Print e phone number of parent or guardian.

8. **Descriptio Chil or Participant's Physical or Mental Impairment Affected:** Describe/ the physical or mental impairment restr pairment rest