



# NORWICH FREE ACADEMY

## Medical Statement for Children with Disabilities Requiring Special Meals in Child Nutrition Programs

Student's name: \_\_\_\_\_ Date: \_\_\_\_\_

To be completed by licensed physician:

Diagnosis:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe the medical or other special dietary needs that restrict the child's diet:

\_\_\_\_\_  
\_\_\_\_\_

List food(s) to be **omitted** from the diet and food(s) to be **substituted** (Attach specific Diet Plan):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List foods that require a change in texture: \_\_\_\_\_

Cut up or chopped to bite-size pieces: \_\_\_\_\_

Finely ground: \_\_\_\_\_

Pureed: \_\_\_\_\_

Special Equipment needed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Licensed Care Provider

\_\_\_\_\_  
Date

PROVIDING OPPORTUNITIES... PREPARING LIVES