

Declaración Médica para Estudiantes que requieren comidas especiales
 Medical Statement for Student Requiring Special Meals

Nombre del estudiante:	Distrito escolar:
Fecha de nacimiento:	Escuela a la que asiste:
Nombre del padre:	Teléfono:
Teléfono:	

For Physician's Use/Para Uso del Médico

Identify and describe disability, or medical condition, including an allergy 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):

Diabetic (include calorie level or attach meal plan) Modified Texture and/or Liquids

Reduced Calorie Food Allergy (describe): _____

Increased Calorie Other (describe): _____

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.

OMITTED FOODS

SUBSTITUTIONS

_____	_____
_____	_____
_____	_____

Indicate Texture:

Regular Chopped Ground Pureed

Indicate thickness of liquids:

Regular Nectar Honey Pudding

Special Feeding Equipment _____

Additional comments: _____

I certify that the above named student needs special school meals as described above, due to the student's disability or chronic medical condition.

_____ Physician's Signature	_____ Telephone Number	_____ Date
_____ Signature of Preparer or Other Contact	_____ Telephone Number	_____ Date

Por la presente doy mi permiso para que el personal docente siga el plan de nutrición anteriormente mencionado.

Firma del padre o tutor legal Fecha