

# Medical Statement for Special Diets

<b>Name of Child:</b>	<b>Date of Birth:</b>
<b>Name of School:</b>	
<input type="checkbox"/> NEW <input type="checkbox"/> RENEWAL <input type="checkbox"/> MODIFICATION <input type="checkbox"/> TEMPORARY (End Date: _____)	
<b>Must check one:</b>	
<input type="checkbox"/> The child is <b>disabled</b> and requires special meals. ( <i>A <b>physician</b> must complete and sign this form.</i> )	
<input type="checkbox"/> The child is <b>not disabled</b> but a request for special meals is being made. An example may include a food allergy or intolerance. ( <i>A medical professional must complete and sign this form</i> )	
<b>Diagnosis:</b> _____	
Is the patient's diagnosis considered a disability? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If the child is disabled, describe the major life activity affected by the disability: _____ _____	
Does the patient have a life threatening food allergy: <input type="checkbox"/> Yes      x <input type="checkbox"/> No	
<b>Food Allergies:</b>	
<input type="checkbox"/> Fluid Milk	<input checked="" type="checkbox"/> All Dairy Products
<input checked="" type="checkbox"/> Wheat	<input checked="" type="checkbox"/> All Products with Wheat
<input type="checkbox"/> Peanuts	<input type="checkbox"/> All Nuts
<input type="checkbox"/> Soy	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Eggs	<input type="checkbox"/> All Products with Egg
<input type="checkbox"/> Corn	<input type="checkbox"/> All Corn Additives
<input type="checkbox"/> All foods produced in a facility that processes nuts	
Can the patient consume allergen as an ingredient in food products? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>List foods that MUST NOT be served</b>	<b>List the foods to be used as a substitute</b>
<b>List foods that require a change in texture</b>	<b>Specify the required change (i.e. chop, grind, puree)</b>
<b>Special Instructions:</b>	
<b>Signature of Physician/Medical Authority:</b>	<b>Date:</b>
	<b>Telephone Number:</b> 915-872-3926 xt 3539