

**SANTA FE INDIAN SCHOOL MEDICAL STATEMENT
TO REQUEST SPECIAL MEALS AND/OR DIET ACCOMMODATIONS**

Name of Student	Date of Birth
Name of Parent or Guardian	Telephone Number
School	Student ID Number
A licensed physician or recognized medical authority with prescriptive privileges in the state of New Mexico must complete and sign this form. <i>Food preferences are not an appropriate use of this form.</i> If requesting accommodation for a fluid milk substitute due to lactose intolerance, a medical statement is not required. Instead, please complete "Parent/Guardian Request for Fluid Milk Substitution" form. Accommodation requests due to food intolerances and/or medical conditions other than disability are evaluated and granted on a case-by-case basis by Santa Fe Indian School.	
Medical condition requiring a special meals or accommodation:	
Diet prescription and/or accommodation - Attach extra pages as needed:	
*IF MILK or EGG ALLERGY: Are baked goods containing milk and/or egg tolerated? ☐ Yes ☐ No	
Specific Foods to be Omitted	Foods to be Substituted for Omitted Foods
Signature of Medical Authority	Printed Name Date
Signature of Parent or Guardian	

SANTA FE INDIAN SCHOOL PARENT/GUARDIAN REQUEST FOR FLUID MILK SUBSTITUTION

Name of Student	Date of Birth
Name of Parent or Guardian	Telephone Number
School	Student ID Number
Food Allergy documentation is not an appropriate use of this form. If your child cannot drink fluid cow's milk due to medical or other special dietary needs, (e.g. lactose intolerance) please complete this form and your child will be provided with an appropriate soy or lactose-free milk substitute. Santa Fe Indian School follows strict nutrition regulations including substitutions for fluid milk and will provide your child with a lactose-free substitute that is nutritionally equivalent to cow's milk as defined in the Code of Federal Regulation: 7 CFR 210.10(m)(3).	
*IF LACTOSE INTOLERANT: Is cheese and/or yogurt tolerated? ☐ Yes ☐ No	
If NO, OMIT: ☐ Cheese ☐ Yogurt ☐ Cheese and Yogurt	
Signature of Parent or Guardian	Date