



Carlisle Public Schools

83 School Street Carlisle, MA 01741 Phone: 978-369-6550 Fax: 978-371-2400

Academic Excellence

Creativity

Respect

Responsibility

Physician's Statement for Students with Special Dietary Needs

(This statement *must* be updated Annually)
Attach separate sheet if necessary

Student's Name		Age
Name of School	Grade	Classroom
Does the child have a disability? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please describe the major life activities affected by the disability.		
List any dietary restrictions or special diet		
List any allergies or food intolerances to avoid		
List specific foods to be substituted (attach a separate sheet if necessary)		
List any special equipment or utensils that are needed		
Indicate any other comments about the child's eating or feeding patterns		
Physician or Medical Authority's Signature		Date