MEDICAL STATEMENT

REQUESTING SPECIAL FOODS IN CHILD NURTITION PROGRAMS

Part I (To be filled out by Parent/Guardian)

Name of Student_____ Age_____

Name of Parent/Guardian_____ Phone_____

School _____Teacher_____

Part II (To be filled out by Physician)

Diagnosis (Include description of the patient's medical or other special dietary needs that restrict the child's diet).

_____
_____
_____

List food(s) to be omitted from diet:

_____
_____
_____

List food(s) that may be substituted (Diet Plan):

_____
_____

Additional Information:

_____
_____

_____ _____

Date Signature of Physician