

Medical Statement for Special Dietary Needs
Stow Munroe Falls City School District Nutrition Services

This document must be completed and signed by the child's licensed medical provider (M.D. or D.O., PA, NP), and submitted to Angela Hearty, School Nutrition Supervisor, before meal substitutions and accommodations can be made. Incomplete forms will be returned to the parent/guardian. **Any changes require the submission of a new form.**

Section I. Student, Parent/Guardian Contact Information		
Student Name:	DOB:	School:
Parent/Guardian Name:		Parent/Guardian Phone:
Section II. Diet Prescription		
<u>Specify how the child's medical need restricts their diet:</u>		
<u>Specify the Type of Special Diet</u> (e.g. Diabetic, Gluten-Free):		
☐ N/A		
<u>Modified Texture:</u>		
☐ None ☐ Chopped ☐ Ground ☐ Pureed ☐ Thickened Liquids ☐ Other		
<u>Food Intolerance</u>		
☐ None ☐ Cow's Milk ☐ Other (specify):		
<u>Food Allergy</u>		
☐ N/A ☐ Milk Protein ☐ Wheat ☐ Soy ☐ Peanuts ☐ Fish ☐ Eggs ☐ Tree Nuts ☐ Shellfish		
☐ Other (specify):		
Is the student at risk of anaphylaxis due to the above mentioned food allergy? ☐ Yes ☐ No		
<u>List the Foods to be Omitted:</u>		<u>List the Foods to be Substituted:</u>
Licensed Medical Provider (M.D. or D.O., NP, PA), I certify that the above named student needs modified schools meals as described above because of the student's disabling medical condition which affects their diet.		
Signature:		Title:
Printed Name:		Phone:
Parent/Legal Guardian Permission I give permission for the above named school/district to follow the specified dietary instructions on this form and agree to allow the school/district to share this information with school nutrition program staff and the school nurse. I agree to allow the provider listed on this form and school/district personnel to discuss the information listed on this form.		
Parent/Legal Guardian Signature & Date:		

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(1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.