Phoenix Elementary School District

Medical Statement for Students with Special Dietary Accommodations.

All sections of the form must be filled out completely before the form is accepted.
Accommodations may take up to 15 business days to begin.

Part A: To be completed by a parent or guardian

Name of Student (Last): _____ (First): _____ Date of Birth: ____ /____ /____

School: _____ Grade: _____ Student ID: _____

Which meals will the child eat at school (circle all that apply): Breakfast Lunch Supper

Parent/ Guardian Name (please print): _____ Phone: _____

I agree to give the Child Nutrition Department and School Nurse permission to speak with the below named medical authority to discuss the dietary needs described below.

Parent/ Guardian Signature: _____ Date: _____

Part B: To be completed by a Licensed Healthcare Provider: RDN, DDS/DMD, ND, NP, DO, PA, or MD

Medical Diagnosis/ Condition: _____

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Does the child have the ability to self- manage? (Please circle)

Needs close supervision Managed by child with moderate supervision Child self manages

Please provide a description or explanation of how exposure to the food affects the child. This must be filled out.

Foods that should be avoided: Check all that apply

***A licensed healthcare provider's signature is not required for fluid milk substitutes.**

Dairy

- ☐ *Fluid Milk Only (Okay to have lactose free milk)
- ☐ All Dairy Products (Yogurt, cheese, butter)
- ☐ All Milk Proteins (Casein, whey, or any recipe with milk as ingredient)

Egg

- ☐ Whole Egg (Scrambled or boiled)
- ☐ All Egg Proteins (Albumin, or any recipe with egg as ingredient)

Fish or Shellfish

- ☐ Specify: _____

Wheat

- ☐ Recipes with any wheat listed as an ingredient

Nuts/Soy

- ☐ Peanuts
- ☐ Tree Nuts (Cashews, Walnuts, Almonds, etc.)
- ☐ Soy Protein (Any recipe with soy protein as ingredient)

Other (be specific- whole food, as ingredient, or both): _____

Texture Modification: Soft & Bite Sized Minced & Moist Pureed Other (specify)

This diet order is:

- ☐ **Permanent** (will remain in effect during the time the student is at Phoenix Elementary School District. A new diet order will be required to change any information provided in this diet order.)
- ☐ **Temporary** (effective for the current school year. A new form will be required annually)

Name of Healthcare Provider (Please print): _____ Date: _____

Healthcare Provider Signature:_____

Submit completed forms to your school's nurse's office. For questions or concerns, email child.nutrition@phxschools.org

This institution is an equal opportunity provider.

06/2026