SY 2019-2020

Medical Statement for Special Dietary Accommodations

PEORIA UNIFIED SCHOOL DISTRICT

All sections must be completely filled out before the form is accepted. Accommodations may take up to 10-15 business days to begin.

Part I (*to be completed by parent or guardian*):

Student ID #: _____

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

Student's Pronouns (she/he/they): _____ **School Attending:** _____ **Grade:** _____

Which meals will the child eat at school? (please circle all that apply)**:** **Breakfast** **Lunch** **After School Snack**

Parent/Guardian Name: (*First and Last*) _____

Parent Contact Phone Number: ( ) _____ **Email:** _____

I give the Food & Nutrition Department permission to speak with the below named Physician to discuss the dietary needs described below.

Parent/Guardian Signature: _____ **Date:** _____

Part II (*to be **completed** by Licensed Physician —**M.D. or D.O. only***)

Please provide a brief explanation of how ingestion and/or exposure to the food affects the child:

_____

Does the child have a life-threatening food allergy? Yes No **If yes, has an EpiPen been prescribed?** Yes No

Please check: ☐ Life Threatening (needs close supervision) ☐ Managed by child with moderate supervision ☐ Self-controlled by child

Foods to be omitted from the diet (please mark all that apply)**:**

☐ Wheat	☐ Gluten	☐ Whole Eggs	☐ All egg protein (albumin, etc.)
☐ Peanuts	☐ Fluid milk	☐ All dairy products	☐ All milk protein (casein, whey, etc.)
☐ All nuts	☐ Coconut	☐ Soy protein	☐ Soy derivatives (soybean oil, soy lecithin)
☐ Shellfish	☐ Fish	☐ Corn (as major ingredient)	☐ All corn additives (Dextrose, Dextrin, Caramel color, etc.)

☐ Other (please be specific): _____

Does the student need to sit at a peanut free table in the cafeteria? Yes No

Foods that can be used as a substitute:_____

Texture Modification: ☐ Soft ☐ Minced/ground ☐ Pureed ☐ Other (specify): _____

This diet request is: _____ Permanent (This diet request will remain in effect during the time the student is enrolled in PUSD. A new diet request will be required to change any aspect of information provided in this request.)

This diet request is: _____ Temporary (This diet request is effective for the current school year. A new form will be required annually.)

Dietitian's Name (*if available)*: _____ Phone ( ) _____

Name of Licensed Physician (please print): _____

Physician's Signature: _____ Date: _____

Phone: _____ Fax: _____

Mailing Address: _____

If any changes occur to the child's diet, please update the Food & Nutrition Office. A new form may be required.

Send completed form to Peoria Unified School District Food & Nutrition Office via fax, scan/email, or mail:

10721 N. 95th Avenue, Peoria, AZ 85345

Fax: (623) 487-5190 Email: anggomez@pusd11.net Phone: (623) 487-5184